

Case No.

*In re. Investigation of election irregularities affecting
Congressional District 9*

Exhibit

4.2.3.1.2

Description: Absentee ballot request forms from Bladen County for the 2018 election cycle (primary and general), as maintained in the Statewide Elections Information Management System (SEIMS).



NORTH CAROLINA

State Board of Elections & Ethics Enforcement



Exhibit 42.3.1.2

1 of 2658

State Absentee Ballot Request Form
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**

I am requesting an absentee ballot for the:

Primary 5/8/2018

on

5/8/18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Allen</u>		First Name <u>Vickie</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>1501 Owen Hill Rd</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>			Registration No.	Phone (optional) <u>(610) 703-9752</u>	Email (optional)
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2/23/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Armstrong</u>		First Name <u>Robert</u>		Middle Name <u>Powell</u>	
Home Address (NC Residential Address) <u>604 S Main St</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>	Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 236</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9/8/2018 X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

EXHIBIT 4-2.3.1-2

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State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name AUTRY		First Name BARBARA		Middle Name JEAN		Suffix [REDACTED]	
Home Address (NC Residential Address.) 413 AUTRYTOWN RD.				Mailing Address (If different than home address.)			
City ELIZABETHTOWN		State NC	Zip Code 28337	City		State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: _____				Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification NC License or ID Number [REDACTED]				Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility: _____						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X

Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Ballard	First Name Alicia	Middle Name Branson	Suffix [REDACTED]
Home Address (NC Residential Address.) 303 Pecan St. Apt. 5B		Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: ____/____/____		PREVIOUSLY REGISTERED APR 12 2018 TIME ____ REC'D BY ____ BLADEN CO. BD. OF ELECTIONS	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	
NC License or ID Number	SSN X X X - X X	Optional	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) same as above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/3/28/19x
 Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 19 2018

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Ballard</u>		First Name <u>Alicia</u>		Middle Name <u>Darlene</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address) <u>303 Pecan St Apt. 5B</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>			
City <u>Bladenboro</u>		State <u>NC</u>		Zip Code <u>28320</u>		City <u>[REDACTED]</u>	
State <u>NC</u>		Zip Code <u>28320</u>		City <u>[REDACTED]</u>		State <u>[REDACTED]</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>				County of Residence		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)				Voter Registration No.		Phone (optional)	
NC License or ID Number		SSN		Optional		Email (optional)	
<u>X X X - X X</u>		<u>[REDACTED]</u>		<u>[REDACTED]</u>		<u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>		City		State		Zip Code	
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a <u>partisan</u> primary, choose a <u>primary</u> ballot preference.							
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address				Name of Corporation (If appointed legal guardian)			
City		State		Zip Code		Requestor's Phone	
City		State		Zip Code		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

3-18-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Banks	First Name James	Middle Name G.	Suffix Mr.	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 36 Banks DR		Mailing Address (If different than home address.)		
City Clarkton	State NC	Zip Code 28433	City	State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1/		Previous Name (if applicable) APR 02 2018		
You must provide at least one identification number below. (or see instructions) NC License or ID Number		Voter Registration No. Optional	Phone (Optional) BLADEN CO.	Facsimile (Optional) BD. OF ELECTIONS
SSN X X X - X X				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) above	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

26-18
 Date

X Sadie B Banks
 Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>BASS</u>		First Name <u>Angel</u>		Middle Name <u>Hope</u>	
Home Address (NC Residential Address.) <u>135 COVENANT COVE</u>				Mailing Address (if different than home address.)	
City <u>BLADEN BORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN <u>X X</u>	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

3-4-18X

Date

Date



NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election on Nov-06-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Baxley</u>	First Name <u>TRAVIS</u>	Middle Name <u>MARCELL</u>	SSN [REDACTED]
Home Address (NC Residential Address.) <u>P.O. BOX 212</u>		Mailing Address (if different than home address.)	
City <u>Tarboro</u>	State <u>NC</u>	Zip Code <u>27892</u>	City [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>ROSEN</u>	Previous Name (if applicable)
If "No," indicate the date of your move: You must provide at least one identification NC License or ID Number <u>X</u>		Registration No.	Phone (optional) Email (optional)

RECEIVED

OCT 22 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City [REDACTED]	State <u>NC</u>	Zip Code <u>27892</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

4-10-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Beatty</u>		First Name <u>Tiffany</u>		Middle Name <u>Ny'Cole</u>	
Home Address (NC Residential Address.) <u>88 Sammy Lane</u>				Mailing Address (If different than home address.) <u>88 Sammy Lane</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28537</u>	City <u>Bladen</u>	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number <u>X X X</u>		SSN <u>X X X</u>	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 05 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/28/18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: **GENERAL ELECTION** on **NOVEMBER 6, 2018**
Election Type (Primary, General, Municipal, Special, etc.) Election Day

Voter Information

Last Name Bellamy	First Name MIRIAM	Middle Name S	State NC	
Home Address (NC Residential Address) 303 Decan Street Apt 1A		Mailing Address (if different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number X X X		Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 05 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-28-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____ Election Date
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name Benton	First Name Benjamin	Middle Name Craig	Suffix
Home Address (NC Residential Address.) 312 Pine Ridge Circle		Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City Bladen
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: _____		Registration No.	Phone
You must provide at least one identification number NC License or ID Number 4810888		SSN X X	TIME REC'D BY BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 312 Pine Ridge Circle		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

OR Signature of Near Relative/Legal Guardian (if applicable)

12-20-2018 X **Benjamin Craig Benton**
Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Best</u>		First Name <u>Tony</u>		Middle Name	
Home Address (NC Residential Address.) <u>36 Margaret ANN DR.</u>				Mailing Address (If different than home address.) <u>P.O. Box 271</u>	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X</u>	Voter Registration No. Optional		Phone (optional) Email (optional)

RECEIVED
OCT 02 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		TIME REC'D BY BLADEN CO. BOARD OF ELECTIONS	
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

2Signature of Near Relative/Legal Guardian (if applicable)

8/25/18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Black</u>		First Name <u>Joey</u>		Middle Name <u>R</u>	
Home Address (NC Residential Address.) <u>74 E Carolina Ave</u>				Mailing Address (If different than home address.)	
City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Blanks</u>		First Name <u>Anilisha</u>		Middle Name <u>D.</u>	[REDACTED]	
Home Address (NC Residential Address.) <u>754 Clyde Hatcher Rd</u>				Mailing Address (If different than home address.) [REDACTED]		
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>			Voter Registration No.		Phone (optional) <u>910 645-6129</u>	Email (optional)
You must provide at least one identification number below (see instructions) NC License or ID Number SSN <u>X X X</u>		[REDACTED]				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Anita</u> (first) <u>Cromartie</u> (last)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input checked="" type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>754 Clyde Hatcher Rd</u>		Name of Corporation (If appointed legal guardian)		
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	Requestor's Phone <u>910 645-6129</u>	Requestor's Email

RECEIVED
OCT 15 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

X Anita Cromartie 10-14-20
Date Date

Go to www.bladenco.org to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name <u>Boehn</u>	First Name <u>William</u>	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>8916 Burney Rd</u>		Mailing Address (If different than home address.)		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX - [REDACTED]</u>		Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same AS Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

7/13/17
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

011 06 12

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bordeaux</u>	First Name <u>James</u>	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>2010 Tar Heel Ferry Rd</u>		Mailing Address (If different than home address.)		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <u>20345121</u>		Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/23/18
Date

X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

p15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bordeaux</u>		First Name <u>Linda</u>		Middle Name <u>Irene</u>	
Home Address (NC Residential Address.) <u>1835 Center Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>		Voter Registration No. <input type="checkbox"/> Optional		Phone (optional)	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
<div>RECEIVED OCT 15 2018 TIME REC'D BY BLADEN COUNTY BOARD OF ELECTIONS</div>				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you are requesting your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bordeaux</u>		First Name <u>Nancy</u>		Middle Name <u>Duncan</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>2238 Owen Hill Rd.</u>				Mailing Address (if different than home address.)			
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move:				Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification number: NC License or ID Number		SSN		Email (optional)		[REDACTED]	
X X		[REDACTED]		[REDACTED]		[REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City		State		Zip Code	
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address				Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	
[REDACTED]		[REDACTED]	

Signature of Near Relative/Legal Guardian (if applicable)

8-7-18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 910-862-2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bordeaux</u>		First Name <u>Stete</u>		Middle Name <u>Yates</u>	
Home Address (NC Residential Address.) <u>1835 Center Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>		State	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____					
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)
<u>X</u>		<u>X</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
		<u>OCT 15 2018</u>		
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input checked="" type="checkbox"/> BLADEN CO. BD. OF ELECTIONS <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name BRISSON	First Name Tylar	Middle Name Randall	Suffix
Home Address (NC Residential Address.) 1153 Pleasant Grove Ch. Rd.		Mailing Address (if different than home address.)	
City Bladenboro	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	
If "No," indicate the date of your move: 1/1		Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number X X X		Registration No.	Phone RECEIVED
		Email	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1153 Pleasant Grove Ch. Rd.		City Bladenboro	TIME ELADEN CO.	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

OR Signature of Near Relative/Legal Guardian (if applicable)

02-20-2015 X

Date

Date

P-60



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 518
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Britt</u>	First Name <u>Crystal</u>	Middle Name <u>N</u>	Suffix <u>[Redacted]</u>
Home Address (NC Residential Address.) <u>4764 NC Hwy 20 E</u>		Mailing Address (If different than home address.)	
City <u>St. Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>	City <u>St. Pauls</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move:		Previous Name (if applicable)	
You must provide at least one identification NC License or ID Number <u>[Redacted]</u> SSN <u>[Redacted]</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date

15



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Britt</u>		First Name <u>Jason</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>148 Rogers Dr</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>[REDACTED]</u>		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u>		Phone <u>[REDACTED]</u>	Email <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>[REDACTED]</u>

Signature of Voter (voter only)

OR Signature of Near Relative/Legal Guardian (if applicable)

12/3/18
Date

X
Date

Go to www.bladenco.org to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Britt	First Name Joshua	Middle Name Haroldson	Suffix [REDACTED]
Home Address (NC Residential Address.) 3331 Twisted Hickory Rd		Mailing Address (If different than home address.) [REDACTED]	
City Elizabethtown	State NC	Zip Code 28337	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (If different) [REDACTED]
If "No," indicate the date of your move: 1/1/11		RECEIVED APR 12 2018	
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional	Phone (optional) TIME BLADEN CO. BD. OF ELECTIONS
NC License or ID Number XXX - XX	SSN [REDACTED]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 3331 Twisted Hickory Rd		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-2-18 x

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 24 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Britt</u>	First Name <u>Tillman</u>	Middle Name <u>Eugene</u>			
Home Address (NC Residential Address.) <u>209 W. Walnut</u>		Mailing Address (if different than home address.) [Redacted]			
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional		
NC License or ID Number SSN <u>X X X - X X - [Redacted]</u>			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signa

X

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

SD1

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Britt</u>		First Name <u>Wanda</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>145 Eddessom's Rd</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-8-2018 X
 Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 3/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>BROOKS</u>	First Name <u>Constance</u>	Middle Name <u>Bennett</u>
Home Address (NC Residential Address.) <u>303 Pecan Street Apt 2D</u>		Mailing Address (if different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move: <u>1/1/18</u>		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Phone
Voter Registration No.		Email

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>303 Pecan Street Apt. 2D</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

OR Signature of Near Relative/Legal Guardian (if applicable)

2-20-2018 X
Date

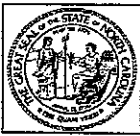
Date

Go to www.bladenco.org to check your voter registration or absentee voting status.

502

Exhibit 4.2.3.1.2

27 of 2658



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Brown</u>	First Name <u>David</u>	Middle Name <u>W</u>	Suffix <u>[Redacted]</u>
Home Address (NC Residential Address.) <u>209 Mercer Mill Rd</u>		Mailing Address (if different than home address.) <u>SAME</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>[Redacted]</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move:			
You must provide at least one identification number: NC License or ID Number <u>SSN</u> <u>X X</u>		Registration No. Optional	Phone (optional) <u>RECEIVED</u>
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>Bladen Co. Bd. of Elections</u>	TIME <u>APR 03 2018</u>	State <u>NC</u>	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/21/2018
Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2

28 of 2658



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723
elections.sboe@ncsbe.gov

FAX: 919-715-0135

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A VIOLATION OF CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name

BROWN

First Name

FRANCES

Middle Name

KINLAW

Suffix

Home Address (NC Residential Address.)

404 GRACE ST.

Mailing Address (If different than home address.)

City

BLADENBORO

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Bladen

Previous Name (If applicable)

If "No," indicate the date of your move: 1/1/

You must provide at least one identification number:

NC license or ID Number

SSN

X X

Registration No.

National

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

404 Grace St.

City

Bladenboro

State

N.C.

Zip Code

28320

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother /sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9-30-18

Date

X *LeAnn Herring*

9-30-18

Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

MAR 23 2018

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bronson</u>		First Name <u>Marshall</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>909 M + M Street</u>				Mailing Address (If different than home address.) <u>909 M + M Street</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. Optional		Phone (optional) <u>910-824-7007</u>
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>909 M + M Street</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3.22.18 X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name BRONSON		First Name MARSHALL		Middle Name N/A	
Home Address (NC Residential Address.) 909 M AND M ST				Mailing Address (If different than home address.)	
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN	Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No.	Phone (optional)	Email (optional)
X X					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 909 M+M Street		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily (military or overseas).

Current Address (Address where you are currently located or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

TIME REC'D BY
ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

3-28-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bullard</u>	First Name <u>Douglas</u>	Middle Name <u>Earl</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>3109 Grimsley Farm Rd</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move:		[REDACTED]		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		oter Registration No. Optional	Phone (optional)	Email (optional)

RECEIVED
NOV 15 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	TIME REC'D BY BLADEN CO. ED. OF ELECTIONS	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-14-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

EXHIBIT 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

32 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P10

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Bullard</u>		First Name <u>Douglas</u>		Middle Name <u>Earl</u>	
Home Address (NC Residential Address.) <u>3109 Grimsley Farm Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification number NC License or ID Number		SSN <u>X X</u>	Voter Registration No. Optional		Phone (optional) Email (optional)

RECEIVED

OCT 15 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City <u>BLADEN CO. BD. OF ELECTIONS</u>	TIME REC'D BY <u>STATE</u>	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-14-18

X

Date

Date



PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

1202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Elect

Voter Information

Last Name <u>Cain</u>		First Name <u>Marie</u>		Middle Name	
Home Address (NC Residential Address.) <u>322 Sunset Park Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-25-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 35 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cain</u>		First Name <u>Marie</u>		Middle Name	
Home Address (NC Residential Address.) <u>322 Sunset Park Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN <u>X X</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-25-18
Date

X

Date



Exhibit 4.2.3.1.2

36 of 2658

State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary 582018

on

5/8/2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Cain	First Name Steven	Middle Name A	Suffix [REDACTED]
Home Address (NC Residential Address.) 473 Brisson Carr Rd		Mailing Address (if different than home address.) Same	
City Tar Heel	State NC	Zip Code 28392	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1/		Registration No.	Phone (optional) C984) 220-5195
You must provide at least one identification number (SSN, Driver's License, etc.) [REDACTED] X X		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City Bladen	State NC	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: [REDACTED] <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address [REDACTED]		Name of Corporation (if appointed legal guardian)		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/22/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit A 2.3.1.2

37 of 2658

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	State
CALLAHAN	MILTON	JOE	NC
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)	
12824 TWISTED Hickory Rd		P.O. Box 1434	
City	State	Zip Code	City
BLADEN BORO	NC	28320	BLADEN BORO
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>1-1-</u>		BLADEN	
You must provide at least one identification number below (see instructions)		Voter Registration No.	
NC License or ID Number	SSN	Phone (optional)	Email (optional)
	X		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
P.O. Box 1434		BLADEN BORO	NC	28320
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by:
	(Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

1-10-2018
Date

X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 38 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P 201

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Carlton</u>		First Name <u>Alice</u>		Middle Name <u>Faye</u>	
Home Address (NC Residential Address.) <u>178 Butters Loop Rd</u>			Mailing Address (If different than home address.)		
City	State	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information			TIME: REC'D BY: BLADEN CO. BD. OF ELECTIONS		
Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2

33 of 2000

NC STATE BOARD OF



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

ELECTIONS & ETHICS
PHONE: 919-715-0135 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Nov. 6, 2018
Election Date

Voter Information

Last Name CARMICHAEL	First Name BETTY	Middle Name JANE	Suffix	Date of Birth
Home Address (NC Residential Address.) 3199 SPRING BRANCH RD.		Mailing Address (If different than home address.)		
City TAR HEEL	State NC	Zip Code 28392	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: / /		Previous Name (if applicable) N/A		
You must provide at least one identification NC License or ID Number		Registration No. Optional	Phone (optional) 910-862-2530	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 3199 Spring Branch Road		City Tarheel	State NC	Zip Code 28392
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> leg. guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 22 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Guardian (if applicable)

X

10-15-18
Date

Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 22 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Carter</u>	First Name <u>Helen</u>	Middle Name <u>Sonya</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>6504 US Hwy 701 N.</u>		Mailing Address (If different than home address.) <u>Same</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move:		Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

11-28-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Cheshire		First Name Madison		Middle Name Baylee	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 33 Sleepy Hollow Rd				Mailing Address (If different than home address.) 512		
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No. Optional	Phone (optional)	Email (optional)	
SSN X X X - X X - [REDACTED]						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 303 Pecan St Apt. 8B		City Bladenboro	State NC	Zip Code 28320	
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)				
City	State	Zip Code	Requestor's Phone	Requestor's Email	
<div style="text-align: right;"> RECEIVED APR 12 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS </div>					

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

4/6/18 X
 Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Clark</u>	First Name <u>Amy</u>	Middle Name <u>H</u>	Su
Home Address (NC Residential Address.) <u>4521 Lisbon Road</u>		Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number: NC License or ID Number <u>X X</u>		Registration No.	Phone
		Email	

RECEIVED

APR 03 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same</u>		City	TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) OR Signature of Near Relative/Legal Guardian (if applicable)

4/2/18
Date

X

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Clark	Gerald	B	
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)	
160 McLean St			
City	State	Zip Code	City
Dublin	NC	28332	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1-1</u>			
You must provide at least one identification number NC License or ID Number		Registration No.	Phone (optional)
[Redacted] X X			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
P.O. Box 375		Dublin	NC	28332
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

12-16-17 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Corbett</u>		First Name <u>Katie</u>		Middle Name	
Home Address (NC Residential Address.) <u>70 McCorbett Drive</u>				Mailing Address (If different than home address.)	
City <u>Kelly</u>	State <u>NC</u>	Zip Code <u>28445</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN	Voter Registration No. Optional		Phone (optional)
X X					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State		Zip Code	
<p>If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.</p> <p><input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p>							
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>							
<p>If "Yes," what is the name and address of the hospital or facility:</p>							
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>							
Requestor's Name		<input type="checkbox"/> spouse		<input type="checkbox"/> brother/sister		<input type="checkbox"/> parent	
		<input type="checkbox"/> child		<input type="checkbox"/> grandchild		<input type="checkbox"/> stepchild	
		<input type="checkbox"/> son-in-law		<input type="checkbox"/> daughter-in-law		<input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (If appointed legal guardian)					
City	State	Zip Code	Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only. (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

10/24/18

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: **GENERAL ELECTION** on **NOVEMBER**
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <i>Corbett</i>		First Name <i>Walter</i>		Middle Name <i>L</i>	
Home Address (NC Residential Address.) <i>124 Corbett Drive</i>				Mailing Address (If different than home address.)	
City <i>Relfly</i>	State <i>NC</i>	Zip Code <i>28448</i>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <i>Bladen</i>		
If "No," indicate the date of your move: <i>1/1</i>			Previous Name (if applicable)		
You must provide at least one identification number below. (or NC License or ID Number)		SSN <i>XXX - XX</i>	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
<div style="float: right; border: 1px solid black; padding: 5px;"> RECEIVED OCT 29 2018 BLADEN CO. BD. OF ELECTIONS </div>				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only. (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/24/18
Date

X

10/25/18
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Council</u>		First Name <u>William</u>		Middle Name <u>G</u>	
Home Address (NC Residential Address.) <u>1948 Tar Heel Ferry Rd</u>				Mailing Address (if different than home address.)	
City <u>White Oak</u>		State <u>NC</u>	Zip Code <u>28399</u>	City	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move:		Voter Registration No. Optional		Phone (optional)	Email (optional)
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		<div style="text-align: center;"> RECEIVED OCT 02 2018 </div>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		TIME	REC'D BY	State	Zip Code
				BLADEN CO. BD. OF ELECTIONS			
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address		Name of Corporation (if appointed legal guardian)					
City		State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax	<input type="checkbox"/> Email
	Fax Number or Email Address			

Signature of Near Relative/Legal Guardian (if applicable)

8/25/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cowan</u>		First Name <u>Terrance</u>		Middle Name <u>L</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>92 Sand Pit Rd</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/30/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. DD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>CRAVEN</u>		First Name <u>Lisa</u>		Middle Name <u>B</u>	
Home Address (NC Residential Address.) <u>16 LEE ST WH LAKE</u>				Mailing Address (If different than home address.) <u>7272 POB</u>	
City <u>WH LAKE</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>WH LAKE</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [Redacted]			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number		SSN <u>X</u>	Voter Registration No. [Redacted]		Phone (optional) [Redacted]
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P-B 7272</u>		City <u>WH LAKE</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near-Relative/Legal Guardian (if applicable)

7-8-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name Creed-Enloe		First Name Jacquelyne		Middle Name G.	
Home Address (NC Residential Address.) 5010 NC HWY 53W				Mailing Address (If different than home address.)	
City White Oak		State NC	Zip Code 28399		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification: NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>				Voter Registration No. <input type="checkbox"/>	
				Phone (optional)	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 5010 NC HWY 53W		City White Oak		State NC	Zip Code 28399
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-02-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cromartie</u>	First Name <u>Colby</u>	Middle Name <u>I</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>631 Gouverneur Estate DR</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>X</u> SSN <u>[REDACTED]</u>		Voter Registration No. Optional		
		Phone (optional) <u>910 748 7843</u>		
		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
RECEIVED				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if applicable) <u>BLADEN COUNTY BOARD OF ELECTIONS</u>			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/15/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Cromartie	First Name Lamorris	Middle Name Fatir			
Home Address (NC Residential Address.) 2606 Lisbon Road			Mailing Address (If different than home address.)		
City Council	State NC	Zip Code 28434	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number XX X			Registration No.	Phone (optional) 604-3249	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name Jacqueline R. Cromartie	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input checked="" type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
Requestor's Address 2606 Lisbon Rd.	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
City Council	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		
State NC	Zip Code 28434	Name of Corporation (if appointed legal guardian)			
		RECEIVED			
		Requestor's Phone	Requestor's Email APR 25 2018		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

Jacqueline R. Cromartie **4-20-18**
Date Date



State Absentee Ballot Request Form 2

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Currie</u>	First Name <u>Gilbert</u>	Middle Name <u>A</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>498 Mt Olive Rd</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>				
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number	SSN <u>X X X - X X</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 17 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

[Signature] X

Date

Date

SBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 53 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Dandson</u>		First Name <u>Wendy</u>		Middle Name <u>Denise</u>	
Home Address (NC Residential Address.) <u>209 Walnut St #2D</u>				Mailing Address (If different than home address.) <u>Same</u>	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1</u>				County of Residence <u>Bladen</u>	Previous Name (if applicable)
You must provide at least one identification number NC License or ID Number <u>X X</u>		SSN <u>[REDACTED]</u>		Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-9-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>DAVIS</u>		First Name <u>Janice</u>		Middle Name <u>C</u>	
Home Address (NC Residential Address.) <u>9827 NC Hwy 87 W</u>				Mailing Address (If different than home address.)	
City <u>Tarheel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one identification number: NC License or ID Number <u>X X X</u>			Registration No.	Phone (optional) <u>910-874-4819</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

RECEIVED

OCT 22 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

0-20-2020 X

Date

Date

ov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Davis		First Name Lula		Middle Name Johnson	
Home Address (NC Residential Address.) 733 Chicken Foot Rd				Mailing Address (If different than home address.)	
City Tar Heel	State NC	Zip Code 28392	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: / /			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No.	Phone (optional)	Email (optional)
X X					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 733 Chicken Foot Rd		City Tar Heel	State NC	Zip Code 28392
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City		State	Zip Code	Requestor's Phone
				Requestor's Email

TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9/23/18
 Date

X

Date

Not from www.NCSBE.gov if any of the pre-printed information above is incorrect.
 E.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018 REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>DAVIS</u>		First Name <u>PATRICIA</u>		Middle Name <u>CAIN</u>	
Home Address (NC Residential Address.) <u>103 MINES CREEK</u>				Mailing Address (If different than home address.)	
City <u>ST. PAULS</u>	State <u>N.C.</u>	Zip Code <u>28384</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>103 MINES CREEK RD.</u>		City <u>ST. PAULS</u>	State <u>NC</u>	Zip Code <u>28384</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>LARRY D. DAVIS</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>103 MINES CREEK RD.</u>		Name of Corporation (If appointed legal guardian)		
City <u>ST. PAULS</u>	State <u>N.C.</u>	Zip Code <u>28384</u>	Requestor's Phone <u>910-827-9288</u>	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

7-21-18 X Larry D. Davis 7-21-18
Date Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS C FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Davis		First Name Wilford		Middle Name Brad	Suffix	Date of Birth
Home Address (NC Residential Address.) 2612 Twisted Hickory				Mailing Address (If different than home address.)		
City Elizabethtown	State NC	Zip Code 28337	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____						
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		Phone (optional)	
NC License or ID Number		SSN X X X - X X	Optional		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) same as above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-1-18
Date

X
Date



Exhibit 4.23.12

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State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/18/14
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Pell</u>	First Name <u>Cecilia</u>	Middle Name <u>Vann</u>	Suffix [Redacted]
Home Address (NC Residential Address.) <u>771 Bertheal Church Rd</u>		Mailing Address (If different than home address.) [Redacted]	
City <u>Tarheel</u>	State <u>NC</u>	Zip Code <u>28382</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1-1</u>			
You must provide at least one identification number NC License or ID Number <u>X</u> SSN <u>X</u>		Registration No. <u>12208</u>	Phone (optional) <u>910-862-7820</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name <u>[Redacted]</u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[Redacted]</u>	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	
Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[Redacted]</u>		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 24 2018

TO: Bladen County Board of Elections

Physical Address

 301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown NC 28337

 PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

TIME REC'D BY

BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: General on Tues Nov. 6, 2018
 Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Dellinger</u>	First Name <u>Allison</u>	Middle Name <u>Dumas</u>	Suffix [Redacted]
Home Address (NC Residential Address.) <u>1394 BayTree Dr.</u>		Mailing Address (if different than home address.) <u>1205 S. Main St.</u>	
City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>	City <u>Blacksburg</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
[Redacted] SSN <u>XXX - XX - [Redacted]</u>			Email (optional) <u>allid94@vt.edu</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1205 S. Main St.</u>	City <u>Blacksburg</u>	State <u>VA</u>	Zip Code <u>24060</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

09/23/18X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Denkins</u>		First Name <u>Bama</u>		Middle Name <u>A</u>	
Home Address (NC Residential Address.) <u>309 Emma St</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>N</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification number: NC License or ID Number		SSN <u>X</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)


Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____

Election Type (Primary, General, Municipal, Special, etc.)

on _____

5/8/18
Election Date

Voter Information

Last Name <u>Devore</u>		First Name <u>Richard</u>		Middle Name	
Home Address (NC Residential Address.) <u>90 Mayville LN</u>				Mailing Address (If different than home address.)	
City <u>Tarheel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide your voter registration number below. (or see instructions)			Voter Registration No.		
NC License <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> step-parent		
(First) (Middle) (Last) (Suffix)		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City		State	Zip Code	Requestor's Phone
				Requestor's Email

RECEIVED
APR 13 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable)

4/11/18 X
Date

Date

Go to www.ncsbe.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Exhibit A-2.3.1.2

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

62 of 2658

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Dumary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Dowless	Robert	Lee	Jr.
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)	
7019 Albert St.		P.O. Box 443	
City	State	Zip Code	City
Dublin	nc	28332	Dublin
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	
NC License or ID Number		Phone (optional)	
SSN		Email (optional)	
X X X			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		State	Zip Code
Same As Above P.O. Box 443 Dublin		nc	28332
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5/7/18 X
Date

Date

Go to [www.bladenco.org](#) to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 51263 of 2658
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Drayton	Crispina	Lolita	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
38 George Whelley Rd		P.O. Box 154	
City	State	Zip Code	City
Clarkton	NC	28433	Clarkton
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: 1/1/18		Bladen	
You must provide at least one identification number below. (or NC License or ID Number)		Registration No.	Phone (optional)
SSN X X X - X X		Optional	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
P.O. Box 154		Clarkton	NC	28433
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/8/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 5, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name Edwards		First Name Donnie		Middle Name Glen	
Home Address (NC Residential Address.) 1502 Village Dr				Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. <i>Optional</i>	Phone (optional)	Email (optional)
X X					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 11502 Village Dr		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (must be signed by voter)

Signature of Near Relative/Legal Guardian (if applicable)

X 8/9/18

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED
SEP 21 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 65 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>EDWARDS</u>		First Name <u>MELISSA</u>		Middle Name <u>JACKSON</u>	
Home Address (NC Residential Address.) <u>1211 STORMS Rd.</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number NC License or ID Number		SSN <u>XX</u>	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-13-2018 X 8-13-2018

Date

Date



State Absentee Ballot Form
North Carolina
BLADEN COUNTY

RECEIVED

OCT 03 2018

TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
 PO BOX 512
 ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
 Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name				
English	Dan	Junior				
Home Address (NC Residential Address.)			Mailing Address (If different than home address.)			
15731 Hwy 53 W						
City	State	Zip Code	City	State	Zip Code	
White oak	NC	28399				
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
			Bladen			
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number			Registration No.		Phone (optional)	
NC License or ID Number					Email (optional)	
SSN						
X X X						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
15731 Hwy 53 W			White oak	NC	28399
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.					
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
			<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address			<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5-23-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Faison</u>	First Name <u>Nakeya</u>	Middle Name <u>Rachelle</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>5933 Chickenfoot Rd</u>		Mailing Address (if different than home address.) [REDACTED]		
City <u>St Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>	City	State <u>NC</u> Zip Code <u>28384</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification number (SSN, Driver's License, etc.) [REDACTED] X X		Voter Registration No. (Optional) [REDACTED]		
[REDACTED]		Phone (optional) [REDACTED]		
[REDACTED]		Email (optional) [REDACTED]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>5933 Chickenfoot Rd</u>		City <u>st Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> sibling <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if requested legal guardian) [REDACTED]			
City	State	Zip Code	Requestor's Phone	TIME REC'D BY BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/4/18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request FormNorth Carolina
BLADEN COUNTYTO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

elections@bladenco.org

68 of 2658

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
*Election Type (Primary, General, Municipal, Special, etc.) Election Date***Voter Information**

Last Name <u>Fields</u>		First Name <u>DAVID</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>17253 Hwy B1 South</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>[REDACTED]</u>	
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable) <u>[REDACTED]</u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X [REDACTED]</u>				Voter Registration No. <u>[REDACTED]</u>	

RECEIVED
APR 09 2018**Absentee Voting Information**

Absentee Mailing Address (Where should the ballot be mailed?) <u>12042 Hwy 211</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X David Fields4/4/18

Date

Date

to check your voter registration or absentee voting status.

V2013.11



State Absentee Ballot Request Form

North Carolina RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Frederick</u>		First Name <u>Sidley</u>		Middle Name <u>A</u>	
Home Address (NC Residential Address.) <u>420 East MacKay St APT</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification		Voter Registration No.		Phone (optional)	
NC License or ID Number		Optional		Email (optional)	
SSN <u>X</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Freeman</u>		First Name <u>Marjorie</u>		Middle Name <u>G.</u>	
Home Address (NC Residential Address.) <u>45 Locks 1 Rd.</u>				Mailing Address (If different than home address.)	
City <u>Riegelwood</u>		State <u>NC</u>	Zip Code <u>28456</u>		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>	Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone <u>910.655.3549</u>	Requestor's Email <u>RECEIVED OCT 30 2018</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-29-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

RECEIVED

OCT 03 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Other Information

Last Name <u>Garrell</u>	First Name <u>Brittany</u>	Middle Name <u>Marie</u>	State <u>NC</u>	Zip Code <u>28320</u>
Home Address (NC Residential Address.) <u>45 Plum Nellie Rd.</u>		Mailing Address (if different than home address.) <u>309 Midway Dr.</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: _____		Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XXX</u>		Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>309 Midway Dr.</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: _____			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepparent
		<input type="checkbox"/> legal guardian	<input type="checkbox"/> mother-in-law
			<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date

check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Cause</u>		First Name <u>Brittany</u>		Middle Name <u>Jantana</u>	
Home Address (NC Residential Address.) <u>10859 NC Hwy 41</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>10859 NC Hwy 41</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-11-18X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Elect*

Voter Information

Last Name <u>Gause</u>	First Name <u>Milton</u>	Middle Name <u>Thoris</u>
Home Address (NC Residential Address.) <u>10859 Hwy 41 W</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <u>X</u> SSN <u>[REDACTED]</u>		Voter Registration No. Optional Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>10859 Hwy 41 W</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-10-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name GORE	First Name Edrina	Middle Name C
Home Address (NC Residential Address.) 709 Mears Rd		Mailing Address (If different than home address.)
City Clarkton	State NC	Zip Code 28433
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Registration No. Optional 910 625-6339
		Phone (optional) 910 625-6339
		Email (optional) edgore2003@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/28/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Graham</u>		First Name <u>Cain</u>		Middle Name <u>DeShawn</u>		Suffix	Date of Birth
Home Address (NC Residential Address.) <u>84 Dickson Rd.</u>				Mailing Address (If different than home address.)			
City <u>Riegelwood</u>		State <u>NC</u>	Zip Code <u>28456</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>				Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional		Email (optional)	
NC License or ID Number		SSN <u>X X X - X X -</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.					
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>Carol Graham</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
		<input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>84 Dickson Rd.</u>		Name of Corporation (If appointed legal guardian)			
City <u>Riegelwood</u>		State <u>NC</u>	Zip Code <u>28456</u>	Requestor's Phone	Requestor's Email

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OCT 15 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Carol Graham

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: May 8th Primary on MAY 8th 18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name	First Name	Middle Name	Suffix	Date of Birth	
Graham	Cedric				
Home Address (NC Residential Address.) 20 STONEWALL DR			Mailing Address (if different than home address.) P.O. Box 391		
City Dublin	State NC	Zip Code 28332	City Dublin	State NC	Zip Code 28332
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN XXX - XX - [REDACTED]			Voter Registration No. [REDACTED] Phone (optional) Email (optional)		

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APR 03 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 391		City Dublin	State NC	Zip Code 28332
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

3/31/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Griffin</u>		First Name <u>Larry</u>		Middle Name <u>Lee</u>	
Home Address (NC Residential Address.) <u>309 Gum Spring Rd.</u> City <u>White Oak</u>				Mailing Address (If different than home address.)	
State <u>N.C.</u>	Zip Code <u>28399</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move:		Voter Registration No.		Phone (optional)	Email (optional)
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/>		Voter Registration No.		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>309 Gum Spring Rd. White Oak</u>		City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-3-18
Date

X

Date



State Absentee Ballot Request Form 2012

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337
78 of 2658
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name	First Name	Middle Name	Suffix	Date of Birth	
GURGANIOUS	Jeffrey				
Home Address (NC Residential Address.) 390 Twisted Hickory Rd Apt #3			Mailing Address (if different than home address.)		
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: 1/1			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration Number (optional)		
NC License or ID Number SSN XXX - XX -			Email (optional)		

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APR 03 2018

Absentee Voting Information		TIME	REC'D BY
Absentee Mailing Address (Where should the ballot be mailed?) SAME		City	State Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

gov to check your voter registration or absentee voting status.



NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____

Election type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Hales</u>		First Name <u>Philip</u>		Middle Name	
Home Address (NC Residential Address.) <u>1070 Hickory Ball Park Rd</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28329</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number		SSN <u>X</u>	Voter Registration No. Optional		Phone (optional)

RECEIVED
APR 13 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City		TIME	REC'D BY
				BLADEN CO. BO. OF ELECTIONS	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

4/13/18
Date

X
Date

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2

80 of 2658



State Absentee Ballot Request Form North Carolina

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OCT 05 2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name HALL	First Name KAYLA	Middle Name BARNES	Suffix
Home Address (NC Residential Address.) 613 W. SEABOARD ST.		Mailing Address (if different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: / /			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	
Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (or Near Relative/Guardian)	Signature of Near Relative/Guardian (if applicable)
Date	Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Harvey</u>		First Name <u>Bernice</u>		Middle Name	
Home Address (NC Residential Address.) <u>96 Lottie Murray</u>				Mailing Address (if different than home address.) <u>PO Box 21</u>	
City <u>Kelly</u>	State <u>NC</u>	Zip Code <u>28448</u>	City <u>Bladen</u>	State <u>NC</u>	Zip Code <u>28448</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN	Voter Registration No. Optional		Phone (optional)
<u>X X</u>					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 30 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Si

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

NOV 22 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

60

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name HEDGE PETH	First Name SARAH	Middle Name CAIN	Suffix MRS.
Home Address (NC Residential Address.) 213 OLD N.C. 20		Mailing Address (If different than home address.) 213 OLD N.C. 20	
City ST. PAUL'S	State N.C.	Zip Code 28384	City ST. PAUL'S
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN	Previous Name (if applicable)
If "No," indicate the date of your move:		Voter Registration No. Optional	Phone (optional)
SSN X		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 213 OLD N.C. 20		City ST. PAUL'S	State N.C.	Zip Code 28384
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED**AUG 17 2018**

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Henny</u>		First Name <u>Kimberly</u>		Middle Name <u>Tanee</u>	
Home Address (NC Residential Address.) <u>204 Wright Street Apt 16C</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <u>X</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Democratic</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-11-18

Date

X

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2

84 of 2658



State Absentee Ballot Request Form

North Carolina

RECEIVED
OCT 05 2018

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

TIME _____ REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name HESTER		First Name CAROLYN		Middle Name MOSER	Suffix
Home Address (NC Residential Address.) 7639 CENTER RD.				Mailing Address (If different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			Previous Name (if applicable)		
You must provide at least one identification number (SSN, Driver's License, etc.)		Registration No.	Phone (optional)	Email (optional)	
[REDACTED]		[REDACTED]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 7639 Center Road		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name LORAIN M MOSER 93yrs old		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address 7639 Center Road		Name of Corporation (if appointed legal guardian)		
City Bladenboro	State NC	Zip Code 28320	Requestor's Phone 910-648-4179	Requestor's Email Carolynhester49@yahoo.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature X [REDACTED]	Signature of Near Relative/Guardian (if applicable) X Loraine M Moser	Date 10-1-18
----------------------------------	---	------------------------



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hester</u>		First Name <u>Christina</u>		Middle Name <u>Mae</u>	
Home Address (NC Residential Address.) <u>55 Holly Britt Rd</u>				Mailing Address (if different than home address.) <u>PO Box 912</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>BLADEBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u> / / </u>			Previous Name (if applicable) RECEIVED		
You must provide at least one identification number: NC License or ID Number <u>X</u>		Voter Registration No.		Phone (optional)	Email (optional) APR 23 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 912</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u> </u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-21-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name HESTER	First Name EDNA	Middle Name GRAY	Suffix Mrs
Home Address (NC Residential Address.) 1586 HORSESHOE RD.		Mailing Address (If different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	
Previous Name (if applicable)		Registration No. Phone (optional) Email (optional)	
If "No," indicate the date of your move:		You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1586 Horseshoe Rd		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature

Signature of Near Relative/Guardian (if applicable)

10-10-18 X
Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name HESTER	First Name JULIA	Middle Name FAYE	Suffix [REDACTED]	
Home Address (NC Residential Address.) 513 ANNE ST.			Mailing Address (If different than home address.) 513 ANN STREET	
City BLADENBORO	State NC	Zip Code 28320	City Bladenboro	State NC
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen	Previous Name (If applicable)
If "No," indicate the date of your move: [REDACTED]				
You must provide at least one identification [REDACTED]			Driver Registration No. [REDACTED]	Phone (optional) [REDACTED]
			Email (optional) [REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 513 ANN ST		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name [REDACTED]		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> sibling <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address [REDACTED]		Name of Corporation (if appointed legal guardian) [REDACTED]		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]

RECEIVED
OCT 18 2013
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address [REDACTED]

Signature of Voter (voter only)

X

Date

Signature of Near Relative/Guardian (if applicable)

X

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

p. 25



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hudson</u>	First Name <u>Jimmy</u>	Middle Name <u>C</u>	Suffix <u>Sr</u>	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>95 West Hester St</u>		Mailing Address (If different than home address.)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: ____/____/____				
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-30-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY**RECEIVED**

OCT 03 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hudson</u>	First Name <u>Tiffani-Amber</u>	Middle Name <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>123 ball park Rd</u>		Mailing Address (If different than home address.) <u>123 ball park Rd</u>
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		County of Residence <u>Blade</u>
If "No," indicate the date of your move: <u>1/1/18</u>		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <u>XXX</u>		Registration No. <u>[REDACTED]</u>
		Phone (optional) <u>[REDACTED]</u>
		Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>123 ball park Rd</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely
- Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

11-18

X

Date

Date

NOT DONE



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

P 501

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Huffman</u>		First Name <u>Sonia</u>		Middle Name <u>Denise</u>	
Home Address (NC Residential Address.) <u>251 Gabe Johnson Dr</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification number NC License or ID Number		SSN	Voter Registration No. Optional		Phone (optional) Email (optional)
<u>X</u>		<u>X</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 837</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input checked="" type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian) TIME REC'D BY BLADEN CO. BD. OF ELECTIONS		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

p 501

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Huffman</u>	First Name <u>Sonia</u>	Middle Name <u>Denise</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>251 Gabe Johnson Dr</u>		Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Voter Registration No. (Optional)		
		Phone (optional)		
		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 837</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, date of birth, and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian) TIME <u>REC'D BY</u> BLADEN CO. BD. OF ELECTIONS		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

80



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name <u>Hunt</u>		First Name <u>Juanita</u>		Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>8916 Burney Rd.</u>				Mailing Address (if different than home address.)		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28389</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u> / / </u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

7/13/17 X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election

Voter Information

Last Name Ityatt	First Name Tammy	Middle Name Coleman
Home Address (NC Residential Address.) 1911 Mitchell Ford Rd		Mailing Address (if different than home address.)
City Clarkton	State NC	Zip Code 28433
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number XXXX SSN XXXX		Registration No. Optional RECEIVED
		Phone (optional) RECEIVED
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable) 8-18-18 X	Date
---	------



State Absentee Ballot Request

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

MAR 13 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5/8/18

Election

Voter Information

Last Name <u>INMAN</u>		First Name <u>BOBBY</u>		Middle Name <u>RAY</u>	
Home Address (NC Residential Address.) <u>1140 Zion Hill Church Rd</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XX</u> SSN <u>XXXX</u>			Voter Registration No. (Optional)		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

2-55 X8

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on May 8, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Inman</u>		First Name <u>Dennis</u>		Middle Name <u>Allen</u>	Suffix <u>[Redacted]</u>
Home Address (NC Residential Address.) <u>354 Ronald Britt Rd.</u>				Mailing Address (If different than home address.) <u>[Redacted]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladen</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable) <u>[Redacted]</u>	
If "No," indicate the date of your move: <u>1/1</u>			Registration No. <u>[Redacted]</u>	Phone <u>[Redacted]</u>	TIME <u>MAY 27 2018</u>
You must provide at least one identification number NC License or ID Number <u>X X</u> SSN <u>[Redacted]</u>			REC'D BY BLADEN CO. BD. OF ELECTIONS		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>354 Ronald Britt Rd.</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[Redacted]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[Redacted]</u>	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
<u>[Redacted]</u>	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
<u>[Redacted]</u>	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address <u>[Redacted]</u>		Name of Corporation (if appointed legal guardian) <u>[Redacted]</u>		
City <u>[Redacted]</u>	State <u>[Redacted]</u>	Zip Code <u>[Redacted]</u>	Requestor's Phone <u>[Redacted]</u>	Requestor's Email <u>[Redacted]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.) <u>[Redacted]</u>		Fax Number or Email Address <u>[Redacted]</u>

Signature of Voter (voter only) [Redacted] OR Signature of Near Relative/Legal Guardian (if applicable) [Redacted]
Date 3-20-18 X Date [Redacted]

gov to check your voter registration or absentee voting status.



NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on 11/6/18
 Election Type (Primary, General, Municipal, Special, etc.)
Voter Information

Last Name Jackson		First Name Denise		Middle Name W	
Home Address (NC Residential Address.) 706 Chestnut St Apt 19			Mailing Address (If different than home address)		
City Bladenboro		State NC	Zip Code 28320	City	State
					Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="radio"/> Yes <input type="radio"/> No			County of Residence Bladen		Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____					
You must provide at least one identification number: NC License or ID Number			Voter Registration No.		
SSN X			Phone (optional)		Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?) <div style="font-size: 1.2em; font-family: cursive;">318 Tucson Dr</div>		City <div style="font-size: 1.2em; font-family: cursive;">Fayetteville</div>		State <div style="font-size: 1.2em; font-family: cursive;">N.C.</div>		Zip Code <div style="font-size: 1.2em; font-family: cursive;">28303</div>	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference .							
<input type="checkbox"/> Democratic		<input type="checkbox"/> Republican		<input type="checkbox"/> Libertarian		<input type="checkbox"/> Non-partisan	
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot.							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name <div style="font-size: 0.8em;">(First) (Middle) (Last) (Suffix)</div>				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address				Name of Corporation (If appointed legal guardian)			
City		State		Zip Code		Requestor's Phone	
Requestor's Email				<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold; margin-top: 10px;">OCT 27 2018</div>			
TIME							

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the U.S. Armed Forces

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

from www.NCSBE.gov if any of the pre-printed information above is incorrect.
 ov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 07 2018
TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Jackson		First Name Latasha		Middle Name Nicole	Suffix	Date of Birth
Home Address (NC Residential Address.) 2201 Martin Luther King Drive				Mailing Address (if different than home address.) 2201 Martin Luther King Drive		
City Elizabethtown	State NC	Zip Code 28337	City Elizabethtown	State NC	Zip Code 28337	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1/						
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional		Phone (optional)	
NC License or ID Number SSN X X X - X X - [REDACTED]					Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 2201 Martin Luther King Drive		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-7-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

AUG 22 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jacobs-Nance</u>	First Name <u>Klara</u>	Middle Name <u>Nicole</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>404 E. Swanzy St.</u>		Mailing Address (If different than home address.)		
City <u>elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <u>X</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/11/18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jessup</u>	First Name <u>Brenda</u>	Middle Name <u>Mayes</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>152 Pine Oak Rd</u>		Mailing Address (if different than home address.) <u>Same</u>		
City <u>Juanhoe</u>	State <u>NC</u>	Zip Code <u>28447</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>6/01/18</u>		County of Residence Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent <input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 24 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 100 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME: 10:00 AM - 5:00 PM
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Jessup</u>		First Name <u>Vickie</u>		Middle Name <u>Willis</u>	
Home Address (NC Residential Address.) <u>50 Lewis m^cDowendr</u>				Mailing Address (If different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Blackman</u>		First Name <u>Dearjelo</u>		Middle Name <u>Ornez</u>	
Home Address (NC Residential Address.) <u>7342 Old Fayetteville RD</u>				Mailing Address (If different than home address.)	
City <u>Garland</u>	State <u>N.C.</u>	Zip Code <u>28441</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u> Previous Name (if applicable)		
If "No," indicate the date of your move:			MAY 01 2018		
You must provide at least one identification number SSN <u>[REDACTED]</u> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		Election Registration Number <u>BLADEN CO. BO. OF ELECTIONS</u>		Phone (optional) <u>[REDACTED]</u>	
Email (optional) <u>[REDACTED]</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>7342 Old Fayetteville RD</u>		City <u>Garland</u>	State <u>NC</u>	Zip Code <u>28441</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Blackman Dearjelo</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>7342 Old Fayetteville RD</u>		Name of Corporation (If appointed legal guardian)		
City <u>Garland</u>	State <u>NC</u>	Zip Code <u>28441</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

5/1/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
 Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>JOHNSON</u>		First Name <u>HILARY</u>		Middle Name <u>HESTER</u>	
Home Address (NC Residential Address.) <u>3873 MARSH ROAD</u>				Mailing Address (If different than home address.)	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)
☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

01/18/18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Johnson</u>	First Name <u>Khloe</u>	Middle Name <u>Noel</u>	SSN [REDACTED]
Home Address (NC Residential Address.) <u>1357 Tar Heel Rd.</u>		Mailing Address (If different than home address.) [REDACTED]	
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Registration No.	Phone
			Email

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature <u>X</u>	OR	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>5/11/18</u>		Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

INTENTIONALLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Johnson		First Name Myrtle		Middle Name Lee	
Home Address (NC Residential Address.) 76 Daffodil Dr				Mailing Address (If different than home address.)	
City Kelly	State NC	Zip Code 28448	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen	Previous Name (if applicable)	
If "No," indicate the date of your move: / /					
You must provide at least one identification NC License or ID Number		SSN X	Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

26-2018 X Josephine Johnson 10/26/18
Date Date

ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
SBE.gov to check your voter registration or absentee voting status.

	<h2 style="margin: 0;">State Absentee Ballot Request Form</h2> <p style="margin: 0;">North Carolina</p>	<p>NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255</p> <p>PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov</p>
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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Jones</u>		First Name <u>MAGAN</u>		Middle Name	
Home Address (NC Residential Address.) <u>706 Chestnut St Apt 25</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable) RECEIVED APR 11 2018		
You must provide at least one identification number below. (or see instructions)			Voter Registration No. <u>Bladen Co. Bd. of Elections</u>		
NC License or ID Number <u>X</u>			Optional		

Absentee Voting Information					
Absentee Mailing Address (Where should the ballot be mailed?)					
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.					
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Fax Number or Email Address	

Signature <u>X</u>	Signature of Near Relative/Guardian (if applicable) <u>X</u>
Date <u>4/8/18</u>	Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name Joles		First Name MAGAN		Middle Name	
Home Address (NC Residential Address.) 706 Chestnut St Apt. 25				Mailing Address (If different than home address.) SAME	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable) RECEIVED
If "No," indicate the date of your move:			Voter Registration No. Optional		Phone (Optional) Email (Optional)
You must provide at least one identification number NC License or ID Number X X			TIME APR 03 2018 REC'D BY BLADEN CO. BD. OF ELECTIONS		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/31/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>JONES</u>		First Name <u>STEVIE</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>60 Red Hill St</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28434</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," Indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X [REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>910 874-2454</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>			City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name (First) (Middle) (Last) (Suffix) <u>[REDACTED]</u>			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>			Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>	RECEIVED OCT 15 2018 TIME <u>[REDACTED]</u> REC'D BY <u>[REDACTED]</u> BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>[REDACTED]</u>

Signature of Relative/Near Guardian (if applicable)

0/14/18 X
Date

Date

Go to [www.bladenco.org](#) to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name <u>Jones</u>		First Name <u>Timothy</u>		Middle Name <u>A</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>123 Twisted Hackory Rd</u>				Mailing Address (If different than home address.)		
City <u>Dublin</u>	State <u>NC</u>	Zip Code	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)		
If "No," indicate the date of your move: [REDACTED]						
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 254</u>		City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-22-18
X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Jones</u>		First Name <u>William</u>		Middle Name <u>B</u>
Home Address (NC Residential Address.) <u>710 Martin Luther King</u>				Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____			Voter Registration No. Optional	Phone (optional) Email (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X</u>				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan		<div style="text-align: center;"> RECEIVED OCT 15 2018 TIME RECORD BY BLADEN CO. BD. OF ELECTIONS </div>		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-7-18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

110 of 2658

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Keator</u>		First Name <u>Shamar</u>		Middle Name <u>Davone</u>	
Home Address (NC Residential Address.) <u>963 Brown town RD</u>				Mailing Address (If different than home address.)	
City <u>Reigelwood</u>		State <u>NC</u>	Zip Code <u>28456</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)				Voter Registration No.	Phone (optional)
NC License or ID Number		SSN		Optional	Email (optional)
<u>X X</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone <u>910 655-0721</u>
		Requestor's Email	

RECEIVED
OCT 22 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P501

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Winlaw</u>		First Name <u>Anita</u>		Middle Name <u>C</u>	
Home Address (NC Residential Address.) <u>578 Happy Valley Rd</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN <u>X X</u>	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
		RECEIVED OCT 15 2018		
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference by: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Stuart Neil Murphy</u>		<input type="checkbox"/> spouse <input checked="" type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>3512 NC 242 S</u>		Name of Corporation (If appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

[Signature] 9/6/18
Date Date

**State Absentee Ballot Request Form**
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>Kinlaw</u>		First Name <u>Kenneth</u>		Middle Name <u>Graham</u>		Suffix [REDACTED]	
Home Address (NC Residential Address.) <u>473 Brosson Carroll Rd.</u>				Mailing Address (If different than home address.) [REDACTED]			
City <u>Tar Heel</u>		State <u>NC</u>	Zip Code <u>28392</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (If applicable)	
If "No," indicate the date of your move: <u>1/1</u>				Registration No.		Phone (optional)	Email (optional)
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>				[REDACTED]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City		State		Zip Code	
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
Requestor's Name				If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address				Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

3/3/18X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Ladson</u>		First Name <u>Randalyn</u>		Middle Name	
Home Address (NC Residential Address.) <u>6869 Johnsonstown Rd</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification number NC License or ID Number		SSN <u>X X X</u>	Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>6869 Johnsonstown Rd</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian) RECEIVED APR 16 2018		
City	State	Zip Code	Requestor's Phone	Requestor's Email REC'D BY BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Marietta Ladson 4-16-18

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Leach</u>		First Name <u>Yakayla</u>		Middle Name <u>A</u>	
Home Address (NC Residential Address.) <u>147 Idas Lane</u>				Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8/13/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ RECEIVED BY _____
BLADEN COUNTY BOARD OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Lewis</u>		First Name <u>Maggie</u>		Middle Name	
Home Address (NC Residential Address.) <u>305 Emma St</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. Optional		Phone (optional)
X					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/15/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lewis</u>		First Name <u>Nairebi</u>		Middle Name <u>Marcus</u>	
Home Address (NC Residential Address.) <u>300 Hill ST</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XX</u> SSN <u>XXXX</u>			Registration No.	Phone (optional) <u>910-247-6024</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>300 Hill ST</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Matasha Anderson</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>300 Hill ST</u>		Name of Corporation (if appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910-247-6024</u>	Requestor's Email <u>RECEIVED</u>
				APR 20 2018
				TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Matasha Anderson

4/17/18

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Lloyd</u>		First Name <u>Karen</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>204 Wright St. Apt. 34E</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move:		Voter Registration No. Optional		Phone (optional)	Email (optional)
You must provide at least one identification NC License or ID Number SSN <u>X</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-7-18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 118 of 2658

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election ID

Voter Information

Last Name	First Name	Middle Name			
Cloud	Hearia	Sharian			
Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
204 Wright Street Apt 18					
City	State	Zip Code	City	State	Zip Code
Elizabethtown	NC	28337			
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number			Registration No.		
NC License or ID Number			Optional		
SSN			Phone (optional)		
X X			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 10 2018

TIME REC'D BY

BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/18

Date

X

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name LLOYD		First Name MARIE		Middle Name SINGLETON		Suffix [REDACTED]	
Home Address (NC Residential Address.) PO BOX 2561				Mailing Address (If different than home address.)			
City ELIZABETHTOWN		State NC	Zip Code 28337	City		State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]							
You must provide at least one identification: NC License or ID Number [REDACTED] <input checked="" type="checkbox"/>				Voter Registration No. [REDACTED]		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. BOX 2561		City ELIZABETHTOWN		State NC	Zip Code 28337
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> sibling <input type="checkbox"/> in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	Requestor's Email
				BLADEN CO. BD. OF ELECTIONS	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable) [REDACTED] 5-18 X	Date
--	------

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 120 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lockamy</u>	First Name <u>Justin</u>	Middle Name <u>Callihan</u>
Home Address (NC Residential Address.) <u>425 Ashe St</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28720</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (If applicable)
You must provide at least one identification NC license or ID Number <u>X</u>		Voter Registration No. Optional
		Phone (optional)
		Email (optional)

RECEIVED

OCT 04 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>Bladen</u>	TIME <u>RECD BY</u> BLADEN CO. BD. OF ELECTIONS	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-27-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Lowe</u>		First Name <u>Barbara</u>		Middle Name <u>A</u>	
Home Address (NC Residential Address.) <u>304 Village St Apt. 1 A</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Voter Registration No. Optional		Phone (optional)	Email (optional)

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
<p>TIME <u>OCT 04 2018</u> REC'D BY <u>BLADEN CO. BO. OF ELECTIONS</u></p> <p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p> <p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility:</p>				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p> <p>Requestor's Name</p> <p><input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian</p>				
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

<p>Select one of the options below to qualify as a military or overseas voter:</p> <p><input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.</p> <p><input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely</p>		<p>Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email</p> <p>Fax Number or Email Address</p>
Current Address (Address where you are currently stationed or living overseas.)		

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 08 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Martin</u>		First Name <u>Cherie</u>		Middle Name <u>Marie</u>	
Home Address (NC Residential Address.) <u>10127 Hwy 131 North</u>				Mailing Address (if different than home address.)	
City <u>Blandenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <input checked="" type="checkbox"/>	Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>10127 Hwy 131 North</u>		City <u>Blandenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-30-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Matthews</u>	First Name <u>Kagwan</u>	Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>229 Blue moon DR</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/18/18 X

Date



State Absentee Ballot Request Form

North Carolina

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Maultsby	First Name Clarence	Middle Name J	[Redacted]	
Home Address (NC Residential Address.) 305 Swampy Bridge Way		Mailing Address (If different than home address.) APT 103		
City Elizabethtown	State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: [Redacted]		Previous Name (if applicable)		
You must provide at least one identification number: SSN X X		Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent <input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 10 2018

TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/9/18
 Date

X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 125 OF 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McAllister</u>		First Name <u>Donald</u>		Middle Name <u>M</u>	
Home Address (NC Residential Address.) <u>153 B Melvin Lane</u>				Mailing Address (If different than home address.)	
City <u>White Oak</u>		State <u>NC</u>	Zip Code <u>28389</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number <u>X</u>		SSN <u>[REDACTED]</u>	Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
RECEIVED OCT 15 2018 TIME 1:15 PM REC'D BY BLADEN CO. BD. OF ELECTIONS				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-30-18 X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name MCALLISTER		First Name VICKIE		Middle Name GAIL		Suffix	
Home Address (NC Residential Address.) 2535 NC HIGHWAY 242 N.				Mailing Address (If different than home address.)			
City ELIZABETHTOWN		State NC	Zip Code 28337	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: _____				Voter Registration No.		Phone (optional)	Email (optional)
You must provide at least one identification NC License or ID Number				Optional			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: _____					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable) X	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McDowell</u>		First Name <u>Robert</u>		Middle Name <u>Marcelle</u>	
Home Address (NC Residential Address.) <u>1105 Quail St</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN <u>XXX</u>	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

RECEIVED
 OCT 05 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/22/18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
 Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>McLowell</u>		First Name <u>Mary</u>		Middle Name <u>E</u>	
Home Address (NC Residential Address.) <u>615 Browns Creek Church Rd</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number		SSN <u>X</u>	Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election*

Voter Information

Last Name <u>McDuffie</u>		First Name <u>Grace</u>		Middle Name <u>Kaylyn</u>	
Home Address (NC Residential Address.) <u>2208 E Broad St</u>				Mailing Address (If different than home address.) <u>PO Box 328</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X</u>	Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2014 Lancelot Dr, Apt G</u>			City <u>Monroe</u>	State <u>NC</u>	Zip Code <u>28110</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>Walter C McDuffie Jr</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>2208 E Broad St</u>		Name of Corporation (If appointed legal guardian)			
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910-640-9202</u>	Requestor's Email <u>mcduffie50@gmail.com</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9/8/18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>MCKENNA</u>		First Name <u>HUNTER</u>		Middle Name <u>BLAINE</u>	
Home Address (NC Residential Address.) <u>134 Juniper</u>				Mailing Address (If different than home address.) <u>134 Juniper</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable) RECEIVED		
You must provide at least one identification number: NC License or ID Number		SSN <u>X</u>	Voter Registration No.	Phone (optional)	Email (optional)
				TIME <u>APR 23 2018</u>	REC'D BY <u>BLADEN CO. BD. OF ELECTIONS</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>134 Juniper</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/19/18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>McKenzie</u>		First Name <u>Curtis</u>		Middle Name	
Home Address (NC Residential Address.) <u>16218 Twisted Hickory Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification SSN <u>X</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City <u>OCT 15 2018</u>	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary affiliation: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-27-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 132 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

p25

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>McKenzie</u>		First Name <u>Leroy</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>10759 S College St Apt 21</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>[REDACTED]</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>[REDACTED]</u>	
If "No," indicate the date of your move: <u>[REDACTED]</u>				Previous Name (if applicable) <u>[REDACTED]</u>	
You must provide at least one identification number: NC License or ID Number <u>X</u>		SSN <u>[REDACTED]</u>		oter Registration No. Optional <u>[REDACTED]</u>	Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
<p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan</p>				
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u></p>				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Near Relative/Legal Guardian (if applicable)

9-6-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 133 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>McKiver</u>		First Name <u>Ronnie</u>		Middle Name <u>Edward</u>	
Home Address (NC Residential Address.) <u>42 Pearl Road</u>				Mailing Address (if different than home address) <u>PO Box 133</u>	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKoy</u>		First Name <u>Christopher</u>		Middle Name <u>James</u>	
Home Address (NC Residential Address.) <u>3501 Hwy 242 South</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>D</u>	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," Indicate the date of your move: <u>1/1</u>			You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Other Registration No. <u>910-879-6604</u>
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>3501 Hwy 242 South</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> son-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable)

0/17/18
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

DEC 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKoy</u>		First Name <u>David</u>		Middle Name <u>E</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>8890 Highway 53 west</u>				Mailing Address (if different than home address.)		
City <u>White Oak</u>	State	Zip Code	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)		
If "No," indicate the date of your move: [REDACTED]						
You must provide at least one identification number NC License or ID Number		SSN <u>X X</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-27/18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKoy</u>	First Name <u>Jay</u>	Middle Name <u>LYNN</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>2129 Vause Rd</u>		Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move:			
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City <u>APR 02 2018</u>	State	Zip Code
<p>If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p> <p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility:</p>			
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

137 of 2658

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on May 8th 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name	First Name	Middle Name	Suffix	Date of Birth	
McKery	Precious				
Home Address (NC Residential Address.) 390 Twisted Hickory Rd. Apt. 14			Mailing Address (If different than home address.)		
City Elizabethtown	State NC	Zip Code 28337	City	State	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration Number (if not on file)		
SSN X X X - X X -			Email (optional)		

RECEIVED
APR 03 2018

Absentee Voting Information		TIME	REC'D BY
Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/26/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 138 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKoy</u>		First Name <u>Walter</u>		Middle Name <u>T</u>	
Home Address (NC Residential Address.) <u>238 Flechter Johnson Rd</u>				Mailing Address (if different than home address.)	
City <u>White Oak</u>		State <u>NC</u>	Zip Code <u>28399</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number		SSN <u>X</u>	Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/15/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Willie</u>		First Name <u>McKoy</u>		Middle Name <u>M</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>680 Smith Circle Apt 19B</u>				Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move:			Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification number NC License or ID Number		SSN <u>X X</u>	Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 17 2018

TIME REC'D BY

BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Request Form

North Carolina

RECEIVED
OCT 04 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McLamb</u>		First Name <u>Judy</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>212 Butters Loop</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number _____			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 883</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-29-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME _____ REC'D BY _____ PHONE: 910-862-6951
BLADEN CO. BD. OF ELECTIONS info@bladenco.org

FAX: 910-862-7802

RECEIVED
MAR 13 2018

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McLean</u>	First Name <u>Patty</u>	Middle Name <u>F</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>87 STOKES RD</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [REDACTED] SSN [REDACTED]		Voter Registration No. [REDACTED]		
[REDACTED]		Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1-25-18 X

Date

Date



State Absentee **RECEIVED** Ballot Form

North Carolina

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Elect*

Voter Information

Last Name <u>McMillian</u>		First Name <u>Rodrick</u>		Middle Name <u>Lament</u>	
Home Address (NC Residential Address.) <u>1636 Coley Rd</u>				Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>N.C.</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/13/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>McPherson</u>	First Name <u>Martha</u>	Middle Name <u>Kay</u>
Home Address (NC Residential Address.) <u>3713 Berry Lewis Rd.</u>		Mailing Address (if different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <u>SSN</u> <u>XX</u>		Phone (optional) <u>APR 18 2018</u>
		TIME REC'D BY BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>303 Pecan St. Apt. 1H</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/6/18 X
Date

Date



State Board of Elections Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name MELVIN		First Name NELSON		Middle Name KINLAW	
Home Address (NC Residential Address.) 19390 NC HWY 87 WEST				Mailing Address (if different than home address.)	
City TAR HEEL	State NC	Zip Code 28392			
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen Coup		
If "No," indicate the date of your move: 1 / 1			Previous Name (if applicable)		
You must provide at least one identification SSN X			Voter Registration No.	Phone (optional)	Email (optional) n.melvin8411@service

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 19390 NC Hwy 87 West		City Tar Heel	State NC	Zip Code 28392
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 09 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-4-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on Nov 2018.
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>MERRITT</u>	First Name <u>ROGER</u>	Middle Name <u>D</u>	Suffix	Date of Birth [REDACTED]	
Home Address (NC Residential Address.) <u>99 Triple Ln</u>			Mailing Address (if different than home address.) RECEIVED		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladen</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: _____			Previous Name (if applicable) BLADEN CO. BO. OF ELECTIONS		
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>	Voter Registration No. <u>[REDACTED]</u>	Phone (optional)	Email (optional)

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>99 Triple Ln</u>		City <u>Bladenboro</u>	State <u>NC</u>
		Zip Code <u>28320</u>	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: _____			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 23 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Ele

Voter Information

Last Name <u>McKenzie</u>		First Name <u>Alana</u>		Middle Name <u>Donelle</u>	
Home Address (NC Residential Address.) <u>908 M+M Street</u>				Mailing Address (If different than home address.) <u>908 M+M Street</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <u>X</u>			Voter Registration No. <u>247 910 247 6606</u>		Phone (optional) <u>247 910 247 6606</u>
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>908 M+M Street</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Mitchell</u>		First Name <u>Andre</u>		Middle Name <u>T</u>	
Home Address (NC Residential Address.) <u>148 Todd Britt rd</u>				Mailing Address (If different than home address.) <u>148 Todd Britt Rd.</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X</u>	Voter Registration (Optional) <u>RECEIVED OCT 04 2018</u>		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1465</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9.5.18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 148 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Mitchell</u>	First Name <u>Kenneth</u>	Middle Name <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>201 Butler Mill Rd</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28370</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>[REDACTED]</u>
If "No," indicate the date of your move: <u>[REDACTED]</u>		Previous Name (if applicable) <u>[REDACTED]</u>
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Driver Registration No. (Optional) <u>[REDACTED]</u>
		Phone (optional) <u>[REDACTED]</u>
		Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1282</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Near Relative/Legal Guardian (if applicable)

8/3/18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on May 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Mitchell</u>		First Name <u>Kenneth</u>		Middle Name	Su
Home Address (NC Residential Address.) <u>201 Butler Mill Rd</u>				Mailing Address (If different than home address.) <u>PO Box 1282</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>	Registration No.	Phone	Email

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1282</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

OR Signature of Near Relative/Legal Guardian (if applicable)

3-8-18 X
Date

Date

to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Mitchell</u>	First Name <u>Shane</u>	Middle Name <u>G.</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>3371 Cromartie Rd</u>		Mailing Address (if different than home address.) <u>PO. Box 864</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [REDACTED] SSN [REDACTED] <input checked="" type="checkbox"/>		Voter Registration No. Optional		
		Phone (optional)		
		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

11-27-2018 X
Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2

151 of 2658



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

on

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

MOFFAT

First Name

STEVEN

Middle Name

LEE

Suffix

Home Address (NC Residential Address.)

583 CAPE OWEN MANOR RD.

Mailing Address (If different than home address.)

City

ELIZABETHTOWN

State

NC

Zip Code

28337

City

State

Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move: / /

You must provide at least one identification number

NC license or ID Number

SSN

X X

Registration No.

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

583 Cape Owen Manor Rd

City

Elizabethtown

State

NC

Zip Code

28337

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.☒ Democratic☐ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse☐ brother/sister☐ parent☐ grandparent☐ stepparent☐ child☐ grandchild☐ stepchild☐ mother-in-law☐ father-in-law☐ son-in-law☐ daughter-in-law☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Guardian (if applicable)

X

9-29-18

Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.**SEE REVERSE FOR ADDITIONAL INFORMATION**

3192175015 NC8W0995894 CVNC



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

BLADEN CO. BD. OF ELECTIONS

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Montgomery</u>		First Name <u>Devin</u>		Middle Name <u>Karim</u>	
Home Address (NC Residential Address.) <u>53 Twin Drive</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. Optional		Phone (optional) Email (optional)
<u>X</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-14-18
Date

X Victoria Muschick

8-14-18
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Moore</u>		First Name <u>Ramon</u>		Middle Name	
Home Address (NC Residential Address.) <u>154k East Arcadia Rd</u>				Mailing Address (if different than home address.)	
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN	Voter Registration No. Optional		Phone (optional) <u>398-0440</u>
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone <u>910-398-0440</u>	Requestor's Email RECEIVED OCT 30 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

10-29-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Mote		First Name Halina		Middle Name Denise	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 11502 Village Dr				Mailing Address (If different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]			Voter Registration No. Optional		Phone (optional)	Email (optional)
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Murchison</u>		First Name <u>Farrell</u>		Middle Name <u>Glendale</u>	
Home Address (NC Residential Address.) <u>P.O. Box 2732 87 Rosinck P.O. Box 2732</u>				Mailing Address (If different than home address.) <u>P.O. Box 2732</u>	
City <u>Clarkton</u> <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable) <u>Same</u>
If "No," indicate the date of your move: <u>4/24/97</u>					
You must provide at least one identification number NC License or ID Number <u>XX</u>		SSN <u>[REDACTED]</u>	Registration No.	Phone (optional) <u>860 549-7320</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 2732</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Glenda Rhodie Murchison</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>P.O. Box 2732</u>		Name of Corporation (if appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910 876-4137</u>	Requestor's Email <u>glendafoye.gm@gmail.com</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:		RECEIVED OCT 22 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely			
Current Address (Address where you are currently stationed or living overseas.)		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
		Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable)

[Signature] 10/11/18
Date

Go to [www.nc.gov](#) to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER

Election Type (Primary, General, Municipal, Special, etc.)

Elect

Voter Information

Last Name <u>Murcison</u>		First Name <u>Tyrone</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>1607 MLK DR.</u>				Mailing Address (If different than home address.) <u>Same</u>	
City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City <u>Same</u>	State <u>Same</u>	Zip Code <u>Same</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		Previous Name (if applicable)
If "No," indicate the date of your move:			Voter Registration No. Optional		Phone (optional)
You must provide at least one identification number: NC License or ID Number <u>SSN</u> <u>X</u>			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1607 MLK DR.</u>		City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-18-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: **GENERAL ELECTION** on **NOVEMBER 6, 2018**
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Newkirk		First Name Johnny		Middle Name L		State NC	
Home Address (NC Residential Address.) 706 Chestnut St				Mailing Address (If different than home address.)			
City Bladenboro		State NC		Zip Code 28320		City Bladen	
Have you lived at this address for more than 30 days?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move:				Registration No. Optional		Phone (optional)	
You must provide at least one identification number: NC License or ID Number X X X				Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State		Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.							
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility?							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)		Requestor's Phone		Requestor's Email	
City		State		Zip Code		Requestor's Phone	
Requestor's Address		Requestor's Phone		Requestor's Email		Requestor's Email	

RECEIVED

OCT 05 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/28/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

received
3/1/18

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Newkirk</u>		First Name <u>Luther</u>		Middle Name <u>Ray</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>2608 NC Highway 210 East</u>				Mailing Address (If different than home address.)		
City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/18</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No. Optional		Phone (optional)	
SSN <u>X X X - X X [REDACTED]</u>					Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2608 NC Highway 210 East</u>		City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Juanita Newkirk</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>2608 NC 210 East</u>		Name of Corporation (if appointed legal guardian)		
City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>	Requestor's Phone <u>910 532 6509</u>	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Nicholsen</u>	First Name <u>Crystal</u>	Middle Name <u>Marie</u>			
Home Address (NC Residential Address.) <u>7035 Chickenfoot Rd</u>			Mailing Address (If different than home address.)		
City <u>St. Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u> </u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>X</u> SSN <u>X</u>		Registration No.	Phone	Email	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

OR Signature of Near Relative/Legal Guardian (if applicable)

9/16/17

X

Date

Date

BE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

502

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Dwens</u>		First Name <u>Gregory</u>		Middle Name <u>J</u>	
Home Address (NC Residential Address.) <u>250 mobile Dr</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>N.C.</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
Previous Name (if applicable)					
If "No," indicate the date of your move:					
You must provide at least one identification number: N.C. license or ID Number		SSN	Voter Registration No. Optional		Phone (optional)
X X					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Terrie Dwens</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>250 mobile Dr</u>		Name of Corporation (If appointed legal guardian)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	Requestor's Phone <u>910-625-5485</u>	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Terrie Dwens 8/5/18

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

EXHIBIT 4.2.3.1.2

101 OF 2050



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

on

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
OXENDINE	JOHN	PHILLIP	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
2991 MARSH RD.			
City	State	Zip Code	City
BLADENBORO	NC	28320	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: / /			
You must provide at least one identification number: NC License or ID Number		Registration No.	Phone (optional)
SSN		Optional	Email (optional)
X X			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
(First) (Middle) (Last) (Suffix)		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X Christy Blue

Date

your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

162 of 2658
TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Paackor</u>		First Name <u>Franklin</u>		Middle Name <u>Joseph</u>	
Home Address (NC Residential Address.) <u>129B MLK Jr. Dr.</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>/ /</u>			Previous Name (if applicable) RECEIVED		
You must provide at least one identification number NC License or ID Number <u>X X</u>			Registration No.		
			Phone (optional) <u>APR 18 2018</u>		
			TIME REC'D BY BLADEN CO. BD. OF ELECTIONS		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 984</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-12-18
Date

X
Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Packer</u>		First Name <u>Franklin</u>		Middle Name <u>Joseph</u>	
Home Address (NC Residential Address.) <u>129B MLK Jr. Dr.</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			<div style="text-align: center;"> RECEIVED APR 18 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS </div>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 984</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-12-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Packer</u>	First Name <u>Patricia</u>	Middle Name <u>Lois</u>			
Home Address (NC Residential Address.) <u>129B MLK JR DR.</u>			Mailing Address (if different than home address.) [REDACTED]		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u> / / </u>			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number <u> </u> SSN <u> </u> <u>X X</u>			Registration No.	Phone (optional)	Email (optional)

RECEIVED
APR 13 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 984</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-12-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Packer</u>		First Name <u>Patricia</u>		Middle Name <u>Lois</u>	
Home Address (NC Residential Address.) <u>129B MLK JR DR.</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN <u>X X</u>	Voter Registration No.		Phone (optional) <u>RECEIVED</u> <u>APR 13 2018</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 984</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-12-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 12 2018

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

TIME REC'D BY

BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Page</u>		First Name <u>MaliKa</u>		Middle Name <u>Michelle</u>			
Home Address (NC Residential Address.) <u>503 Della Street</u>				Mailing Address (if different than home address.) <u>P.O. Box 202</u>			
City <u>Elizabethtown</u>		State <u>NC.</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>		State <u>NC.</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>							
You must provide at least one identification number below (see instructions) NC License or ID Number SSN <u>XX</u>				Voter Registration No.		Phone (optional) <u>9108746466</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Bladen County Board of Elections</u>		City <u>Elizabethtown</u>		State <u>NC.</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>Betty McDowell McLaughlin</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input checked="" type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input checked="" type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>P.O. Box 202</u>		Name of Corporation (if appointed legal guardian)			
City <u>Elizabethtown</u>	State <u>NC.</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910-874-0466</u>		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable)

10-11-18 Betty M. McLaughlin 10-11-18
Date Signature Date

gov to check your voter registration or absentee voting status.



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 910-862-2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Part	First Name Minnic	Middle Name S
Home Address (NC Residential Address.) 1028 Storms Rd		Mailing Address (if different than home address.)
City Bladenboro	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen
If "No," indicate the date of your move: 1/1/1		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number X X SSN [REDACTED]		Phone (optional)
Election Registration No. [REDACTED]		Email (optional)

RECEIVED**OCT 15 2018**

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 578	City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name Robby Part	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address 10456 NC 131	Name of Corporation (if appointed legal guardian)		
City Bladenboro	State NC	Zip Code 28320	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X **Robby L. Part** **9-1-18**

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Paity</u>		First Name <u>Randy</u>		Middle Name [REDACTED]	
Home Address (NC Residential Address.) <u>12948 Hwy 131</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move: [REDACTED]			Voter Registration No. Optional		Phone (optional) Email (optional)
You must provide at least one identification [REDACTED] SSN <input checked="" type="checkbox"/>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-27-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

169 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name Parker	First Name Melissa	Middle Name Ann
Home Address (NC Residential Address.) 2751 Hwy 410		Mailing Address (If different than home address.)
City Bladenboro	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Driver Registration No. (Optional)
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City OCT 15 2018	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-2-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 08 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Parker</u>		First Name <u>Ronald</u>		Middle Name <u>O'Neil</u>	
Home Address (NC Residential Address.) <u>4309 NC Hwy 211</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>4309 NC Hwy 211</u>			City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-6-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

171 of 2658

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on MAY 8th 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information	
Last Name <u>PARKER</u>	First Name <u>Roy</u>
Middle Name	
Suffix	
Date of Birth	
Home Address (NC Residential Address.) <u>279 Old 87 Rd</u>	
Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>
Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
County of Residence	
Previous Name (If applicable)	
If "No," indicate the date of your move: <u>1/1/</u>	
You must provide at least one identification number below. (or see instructions)	
NC License or ID Number	SSN
<u>XXX - XX</u>	<u>[REDACTED]</u>
Voter Registration No.	Phone (optional)
Email (optional)	

RECEIVED

APR 03 2018

Absentee Voting Information	
Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>	City <u>BLADEN CO. BD. OF ELECTIONS</u>
State <u>NC</u>	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan	
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," what is the name and address of the hospital or facility:	
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:	
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (If appointed legal guardian)
City	State
Zip Code	Requestor's Phone
Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary General
Election Type (Primary, General, Municipal, Special, etc.)

11/2018
Election Date

Voter Information

Last Name PONE		First Name BESSIE		Middle Name SPIVEY	Suffix	Date of Birth
Home Address (NC Residential Address.) 16521 TWISTED HICKORY RD.				Mailing Address (If different than home address.)		
City BLADENBORO		State NC	Zip Code 28320	City		State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move: [REDACTED]						
You must provide at least one identification: NC License or ID Number <input checked="" type="checkbox"/> [REDACTED]				Voter Registration No. [REDACTED]		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 10 Berea Ct		City Greensboro	State NC	Zip Code 27406
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Last)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address (City) (State) (Zip Code)		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 23 2018
TIME
REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Fax Number or Email Address	

Signature of Voter

Signature of Near Relative/Guardian (if applicable)

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS ^{173 of 2658}

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Pone</u>		First Name <u>Earline</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>10759 S College St Apt 1B</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>[REDACTED]</u>				Previous Name (if applicable) <u>[REDACTED]</u>	
You must provide at least one identification number: NC License or ID Number <u>X X</u>		SSN <u>[REDACTED]</u>	Voter Registration No. Optional <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>
				Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
RECEIVED OCT 15 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>[REDACTED]</u>

Signature of Near Relative/Legal Guardian (if applicable)

9-6-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name

Powers

First Name

Kenneth

Middle Name

Home Address (NC Residential Address.)

17014 Hwy 131 S

Mailing Address (If different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Bladen

Previous Name (if applicable)

If "No," indicate the date of your move:

You must provide at least one identification

NC License or ID Number

SSN

X

Voter Registration No.

Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same as above

City

State

Zip Code

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.☐ Democratic☐ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

Deborah Powers

☒ spouse☐ brother/sister☐ parent☐ grandparent☐ stepparent☐ child☐ grandchild☐ stepchild☐ mother-in-law☐ father-in-law☐ son-in-law☐ daughter-in-law☐ legal guardian

Requestor's Address

17014 HWY 131 S

Name of Corporation (if appointed legal guardian)

City

Bladenboro

State

NC

Zip Code

28320

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Deborah Powers

9-1-18

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Bridges</u>		First Name <u>Sha-Ron</u>		Middle Name <u>R</u>	
Home Address (NC Residential Address.) <u>305 Riverside Rd</u>				Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN <u>X X</u>	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8/22/18
Date

X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

10/05/2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Purdie		First Name James		Middle Name D.	Suffix	Date of Birth
Home Address (NC Residential Address.) 6690 Johnson Town Rd.				Mailing Address (If different than home address.)		
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move:						
You must provide at least one identification number NC License or ID Number		SSN X X	Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/25/18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Election Date***Voter Information**

Last Name <u>Resendiz</u>		First Name <u>Ashley</u>		Middle Name <u>Loren</u>	
Home Address (NC Residential Address.) <u>27 Bethel Church Rd</u>				Mailing Address (If different than home address.)	
City <u>Dublin</u>		State <u>NC</u>	Zip Code <u>28332</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/>				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian) BLADEN CO. BD. OF ELECTIONS		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-28-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Resendiz</u>		First Name <u>Austin</u>		Middle Name <u>William</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>27 Bethel Church Rd</u>				Mailing Address (If different than home address.)		
City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move:			Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, relationship to the voter, and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if applicable) <u>BLADEN CO. BD. OF ELECTIONS</u>		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-28-18

Date

X

Date

TO: BLADEN COUNTY BOARD OF ELECTIONS



State Absentee Ballot Form

North Carolina

AUG 22 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

40

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>RHEW</u>		First Name <u>Robert</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>44 Womack way</u>				Mailing Address (If different than home address.)	
City <u>Whitelake</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			Voter Registration No. Optional Phone (optional) Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

 8/8/18
 Date

X

Date



State Absentee Ballot Request Form
North Carolina

RECEIVED

SEP 21 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 180 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Rich</u>	First Name <u>Brandon</u>	Middle Name <u>Lynn</u>
Home Address (NC Residential Address.) <u>178 Butters Loop Rd</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <u>XX</u>	SSN <u>[REDACTED]</u>	Registration No. Optional
Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother /sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-8-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on May 8th, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Richards</u>		First Name <u>Kayla</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>706 Chestnut St Apt. 28</u>				Mailing Address (if different than home address.) <u>Same</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			Voter Registration No.		Phone (optional)	Email (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number			SSN		X X	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[Redacted]</u>		TIME	REC'D BY
		BLADEN CO. BD. OF ELECTIONS	State
		Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

3/31/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

SEP 27 2018

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Rogers</u>		First Name <u>Michael</u>		Middle Name <u>Charles</u>		[REDACTED]	
Home Address (NC Residential Address.) <u>2620 Martin Luther King Dr</u>				Mailing Address (If different than home address.) [REDACTED]			
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1/</u>							
You must provide at least one identification number NC License or ID Number SSN <u>X X X</u>		Registration No.		Phone (optional)		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>586 Brookwood CR, Apt 506</u>		City <u>Archdale</u>	State <u>NC</u>	Zip Code <u>27263</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Helen Patricia Rogers</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>2620 Martin Luther King Dr</u>		Name of Corporation (If appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>874-0476</u>	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

X Helen Rogers 9-28-18

Date

Date

ov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Rose</u>		First Name <u>Francis</u>		Middle Name	
Home Address (NC Residential Address.) <u>664 Governors Estate Dr.</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number			TIME REC'D BY APR 09 2018		
SSN			Bladen County Board of Elections (optional)		
<u>X X</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☒ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/8/18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 13 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Russ</u>	First Name <u>Joseph</u>	Middle Name <u>Earl</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>984 Oak Grove Church Rd.</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>N.C.</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number SSN <u>X X</u>		Voter Registration No. (Optional) Phone (optional) Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>984 Oak Grove Church Rd.</u>		City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1-23-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name Russ	First Name Sammy	Middle Name K.
Home Address (NC Residential Address.) 13623 Twisted Hickory Rd		Mailing Address (If different than home address.)
City Bladenboro	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Registration No. Optional
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

RECEIVED
MAR 26 2018CD BY
OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

2/25/18 X

Date

Date

**State Absentee Ballot Request Form**North Carolina
BLADEN COUNTYTO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
*Election Type (Primary, General, Municipal, Special, etc.) Election Date***Voter Information**

Last Name RUSS		First Name SAMMY		Middle Name R	
Home Address (NC Residential Address.) 13623 TWISTED HICKORY RD				Mailing Address (If different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: / /			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. 000000060319		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

4/11/18 ☒ X
Date Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Saraidan's</u>		First Name <u>Chasidy</u>		Middle Name <u>Sarah</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>11609 BUS Hwy 24</u>				Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Address (If different than home address.)		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			<div style="text-align: center;"> RECEIVED APR 12 2018 TIME <u> </u> REC'D BY <u> </u> BLADEN CO. BO. OF ELECTIONS </div>			
You must provide at least one identification number below. (or see instructions)				Voter Registration No.		Phone (optional)
NC License or ID Number		SSN <u>X X X - X X - [REDACTED]</u>	Optional		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-29-18 X
 Date

Date



State Absentee Ballot Request Form

North Carolina

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Scott</u>		First Name <u>Vantassel</u>		Middle Name	
Home Address (NC Residential Address.) <u>209 Meron Mill Rd Apt 1A</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 10 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

RECEIVED

OCT 03 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CRIME ONLY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Sealey</u>	First Name <u>Timothy</u>	Middle Name <u>Wayne</u>	State <u>NC</u>		Zip Code <u>28320</u>
Home Address (NC Residential Address.) <u>315 Midway Drive</u>			Mailing Address (If different than home address.) <u>315 midway Drive</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XXX</u>			Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>315 Midway Drive</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-3-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Shaw</u>		First Name <u>Georgia</u>		Middle Name <u>Anne</u>	
Home Address (NC Residential Address.) <u>599 MAYVILLE LN</u>			Mailing Address (If different than home address.)		
City <u>Taxheel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
NC License or ID Number SSN <u>X</u>			Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information					
Absentee Mailing Address (Where should the ballot be mailed?)					
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.					
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> step-parent			
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

RECEIVED
APR 13 2018
REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

4/11/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Shaw	First Name Michael	Middle Name Joshua	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 11609 Bus Hwy 211		Mailing Address (If different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City Bladenboro	State NC
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1/			RECEIVED	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number	SSN X X X - X X	Optional	APR 12 2018	
TIME REC'D BY BLADEN CO. BD. OF ELECTIONS				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-29-18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

10-04-18

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Shaw</u>		First Name <u>William</u>		Middle Name	
Home Address (NC Residential Address.) <u>3109 Grimsley Farm Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-2-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Shipman</u>	First Name <u>Ester</u>	Middle Name <u>Collins</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>76 Dewitt Gooden Rd.</u>		Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>		<div style="text-align: center;"> RECEIVED APR 02 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS </div>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X - [REDACTED]</u>				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/25/18
Date

X Daisy S. McKay

3/25/18
Date

**State Absentee Ballot Request Form**North Carolina
BLADEN COUNTYTO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
*Election Type (Primary, General, Municipal, Special, etc.) Election Date***Voter Information**

Last Name SHIPMAN		First Name ESTER		Middle Name COLLINS	
Home Address (NC Residential Address.) 76 DEWITT GOODEN RD				Mailing Address (If different than home address.)	
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: / /			County of Residence BLADEN	Previous Name (if applicable)	
You must provide at least one identification number: N [REDACTED] SSN [REDACTED] X X [REDACTED]			Voter Registration No. 0000013877	Phone (optional) TIME [REDACTED]	Email (optional) REC'D BY [REDACTED] BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Darryl A. McRoy

Date

4/9/2018
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Shimpan</u>		First Name <u>James</u>		Middle Name <u>Spurgeon</u>	
Home Address (NC Residential Address.) <u>2842 Cabbage Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move:			Voter Registration No. <u>[REDACTED]</u>		Phone (optional)
You must provide at least one identification SSN <u>X</u>			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-14-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: **GENERAL ELECTION** on **NOVEMBER 6, 2018**
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name SIMPSON		First Name Gretta		Middle Name Eloise	
Home Address (NC Residential Address.) 28650 NC Hwy 210 East				Mailing Address (If different than home address.)	
City CURRIE	State NC	Zip Code 28435	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN X X	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 30 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Elec

Voter Information

Last Name <u>Singleton</u>		First Name <u>Tierra</u>		Middle Name <u>C</u>	
Home Address (NC Residential Address.) <u>204 Wright Street Apt 29</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>B bclw</u>		Previous Name (if applicable)
If "No," indicate the date of your move:			Voter Registration No. Optional		Phone (optional)
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> X			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)


Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

07/17/18 X
 Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on May 8th 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Singleary</u>		First Name <u>JAMES</u>		Middle Name	S
Home Address (NC Residential Address.) <u>706 Chestnut St. Apt 1</u>			Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			TIME REC'D BY		
NC License or ID Number	SSN		BLADEN CO. BD. OF ELECTIONS		
<input checked="" type="checkbox"/> X			Voter Registration No.	Phone (optional)	Email (optional)
			Optional		

Absentee Voting Information					
Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>					
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.					
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

S	Signature of Near Relative/Guardian (if applicable) <u>X</u>
	Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Singleton</u>		First Name <u>JAMES</u>		Middle Name	
Home Address (NC Residential Address.) <u>706 Chestnut St. Apt 1</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			<div style="text-align: center;"> RECEIVED APR 03 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS </div>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>JAME</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/31/18
Date

X
Date

USE THIS APPLICATION TO VOTE-BY-MAIL

EXHIBIT 4.2.3.1.2

200 of 2000



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

All Elect's
Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
SINGLETARY	TONY	LARAN	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
227 ROUND BRANCH RD.			
City	State	Zip Code	City
BLADENBORO	NC	28320	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: / /		Previous Name (if applicable)	
You must provide at least one identification n NC License or ID Number		Registration No.	Phone (optional)
SSN		Optional	Email (optional)
X X			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
227 Round Branch Rd		Bladenboro	N.C	28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
(First) (Middle) (Last) (Suffix)		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
City		Name of Corporation (if appointed legal guardian)		
State		Requestor's Phone		
Zip Code		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

Date

Date

V2013.11

Visit www.ncsbe.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 150 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Smith		First Name Charlotte		Middle Name Deneen	
Home Address (NC Residential Address.) 2939 Old Fayetteville Road				Mailing Address (if different than home address.)	
City Garland	State NC	Zip Code 28441	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X			Voter Registration No. Optional		Phone (optional) Email (optional) carnival4301@yahoo.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 2939 Old Fayetteville Road				City Garland	State NC	Zip Code 28441
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name Charles Wade Smith			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address 2939 Old Fayetteville Road			Name of Corporation (if appointed legal guardian)			
City Garland	State NC	Zip Code 28441	Requestor's Phone 9108798234		Requestor's Email carnival4301@yahoo.com	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse or dependent
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

Fax Number or Email Address

☐ Mail ☒ Fax ☐ Email

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

RECEIVED

OCT 22, 2018

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

X Charles Wade Smith

10-21-18

Date

Date

visit www.ncsbe.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Smith</u>		First Name <u>Earl</u>		Middle Name [REDACTED]	
Home Address (NC Residential Address.) <u>11321 Hwy 242 S</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: [REDACTED]				Previous Name (if applicable)	
You must provide at least one identification n NC License or ID Number		SSN <u>X</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1481</u>		City <u>Elizabethtown</u>	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-3-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 203 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>Elizabeth</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>10759 S College St Apt. 1G</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>[REDACTED]</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number: NC License or ID Number <u>X</u> SSN <u>[REDACTED]</u>		Voter Registration No. Optional <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>	Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>[REDACTED]</u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Near Relative/Legal Guardian (if applicable)

9-6-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>FEED</u>		Middle Name	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>208 Seventh st</u>				Mailing Address (If different than home address.)	
City <u>Dublin</u>	State <u>nc</u>	Zip Code <u>28332</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]					
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 9</u>		City <u>Dublin</u>	State <u>nc</u>	Zip Code <u>28332</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-21-18
Date

X [Signature]
Date

TO: BLADEN COUNTY BOARD OF ELECTIONS



State Absentee Ballot Request Form

North Carolina

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name Sowers		First Name Leomia		Middle Name H	
Home Address (NC Residential Address.) 390 Twisted Hickory #3				Mailing Address (If different than home address.)	
City Elizabethtown		State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification NC License or ID Number		Voter Registration No. Optional		Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State	Zip Code
<p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot type and check one:</p> <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility:</p>				
<p>TIME REC'D BY OCT 15 2018 BLADEN CO. BO. OF ELECTIONS</p>				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-28-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Stephens</u>		First Name <u>William</u>		Middle Name <u>L</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>1574 Vause Rd</u>				Mailing Address (if different than home address.)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)		
If "No," indicate the date of your move:						
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)	
X X						

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>above</u>		City <u>APR 02 2018</u>	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.		TIME REC'D BY		
<input checked="" type="checkbox"/> Democratic		<input type="checkbox"/> Republican		
<input type="checkbox"/> Libertarian		<input type="checkbox"/> Non-partisan		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/20/18 X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER

Election Type (Primary, General, Municipal, Special, etc.)

Electi

Voter Information

Last Name <u>Stringfield</u>		First Name <u>Long</u>		Middle Name	
Home Address (NC Residential Address.) <u>PO Box 24</u>				Mailing Address (If different than home address.)	
City	State	Zip Code	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. Optional		Phone (optional)
X X					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 24 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Sign

Signature of Near Relative/Legal Guardian (if applicable)

X Oct 22

2018

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Tatro		First Name Katherine		Middle Name	Suffix
Home Address (NC Residential Address.) 664 GOVERNORS ESTATE DR				Mailing Address (If different than home address.) SAME	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move:			<div style="text-align: center;"> RECEIVED APR 09 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS </div>		
You must provide at least one identification number NC License or ID Number		SSN X X	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

April 2018 X
Date

Date



State Absentee Ballot Request Form

North Carolina

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Tatum		First Name Shabari		Middle Name D	
Home Address (NC Residential Address.) 3242 Burney Rd				Mailing Address (if different than home address.)	
City White Oak		State NC	Zip Code 28339		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number		SSN X X		Voter Registration No. Optional	
				Phone (optional)	
				Email (optional)	

RECEIVED

OCT 02 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City		TIME <u>RECEIVED BY</u>	Zip Code
					BLADEN CO. BO. OF ELECTIONS	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.						
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address			Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8/23/18
 Date

X
 Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Tatum</u>		First Name <u>Tommy</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>2075 Tar Heel fairy Rd</u>				Mailing Address (If different than home address.)		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		Phone (optional)	
NC License or ID Number			Optional		Email (optional)	
SSN <u>X X X - X X</u>						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> step-parent	<input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

(overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 211 of 2658

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Tatum</u>		First Name <u>Za "Harry's"</u>		Middle Name <u>Divan</u>	
Home Address (NC Residential Address.) <u>3242 Burrey Rd</u>				Mailing Address (If different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28339</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Voter Registration No. Optional		Phone (optional) Email (optional)	

RECEIVED

OCT 02 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	TIME	REC'D BY	Zip Code
			BLADEN CO.	BD. OF ELECTIONS	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

6/23/18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Terrison</u>		First Name <u>Francis</u>		Middle Name <u>Angela Terrison</u>	
Home Address (NC Residential Address.) <u>311 Corbett Drive</u>				Mailing Address (if different than home address.)	
City <u>Kelly</u>	State <u>NC</u>	Zip Code <u>28448</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)
<u>X X</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State		Zip Code	
<p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.</p> <p><input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p>							
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot.</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent	
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law	
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian			
Requestor's Address				Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-23-2018
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Thurman</u>		First Name <u>Gean Jean</u>		Middle Name .	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>200 Edwards St</u>				Mailing Address (If different than home address.)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____						
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional		Phone (optional)	
NC License or ID Number SSN <u>X X X - X X</u> [REDACTED]					Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 05 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2/28/18
 Date

X

Date

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Thurman</u>		First Name <u>Gean</u>		Middle Name <u>.</u>		State <u>NC</u>	
Home Address (NC Residential Address.) <u>200 Edwards St</u>				Mailing Address (If different than home address.)			
City <u>Clarkton</u>		State <u>NC</u>		Zip Code <u>28433</u>		City	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable)			
If "No," indicate the date of your move:		Registration No. Optional		Phone (optional)		Email (optional)	
You must provide at least one identification number: NC License or ID Number <u>XX XX</u>		SSN <u>XXXX-XX-XXXX</u>		Registration No. Optional		Phone (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State		Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.							
<input checked="" type="checkbox"/> Democratic		<input type="checkbox"/> Republican		<input type="checkbox"/> Libertarian		<input type="checkbox"/> Non-partisan	
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)					
City		State		Zip Code		Requestor's Phone	
						Requestor's Email	

RECEIVED

OCT 05 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

12/8/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

11/04/18

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Thille</u>		First Name <u>Jeffrey</u>		Middle Name <u>S</u>	
Home Address (NC Residential Address.) <u>9980 Hwy 131</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number		SSN <u>X</u>	Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-25-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name TROY		First Name DAVID		Middle Name	
Home Address (NC Residential Address.) 209 MERCER MILL RD # 2M				Mailing Address (If different than home address.)	
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: / /			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. 00000030364	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City		
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian			Non-partisan		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 217 of 2658

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Troy</u>	First Name <u>David</u>	Middle Name <u>S</u>
Home Address (NC Residential Address.) <u>209 Mercer Mill Apt 2M</u>		Mailing Address (if different than home address.)
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number (SSN, Driver's License, etc.) <u>X X</u>		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 10 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/9/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

SEP 21 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 218 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Turner</u>		First Name <u>Sharlene</u>		Middle Name <u>Dannielle</u>	
Home Address (NC Residential Address.) <u>738 Storms Rd.</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: SSN <u>X</u> <u>X</u>			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>738 Storms Rd.</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-9-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections

P. O. BOX 512

Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Wax, II</u>		First Name <u>Michael</u>		Middle Name <u>Leander</u>	
Home Address (NC Residential Address.) <u>134 Henry Mote Drive</u>				Mailing Address (If different than home address.) <u>same</u>	
City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>					
You must provide at least one identification number NC License or ID Number <u>XX XX</u>		Registration No.	Phone (optional) <u>910 874-6161</u>	Email (optional) <u>mwfresh7@gmail.com</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Karen C McElveen Wax</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> not a guardian		
Requestor's Address <u>134 Henry Mote Drive</u>		Name of Corporation (If appointed legal guardian) <u>Bladen Co. Bd. of Elections</u>		
City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>	Requestor's Phone <u>910 874-0561</u>	Requestor's Email <u>kmac0561@gmail.com</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

Karen C. McElveen Wax 10-16-18

Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Webb</u>		First Name <u>Jerry</u>		Middle Name <u>Nathan</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1222 Kennedy Store Rd.</u>				Mailing Address (If different than home address.)		
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			County of Residence		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No. Optional		Phone (optional)	Email (optional)
SSN <u>X X X - X X - [REDACTED]</u>						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian) TIME REC'D BY BLADEN CO. BD. OF ELECTIONS		
City	State	Zip Code	Requestor's Phone <u>910.655.8126</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: [REDACTED] active duty and currently absent from county of residence or an eligible spouse/dependent. [REDACTED] living overseas.)		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address	
--	--	--	--



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Webb</u>		First Name <u>Missouri</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>1222 Kennedy Store Rd.</u>				Mailing Address (If different than home address.)	
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u> / / </u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone <u>910.655.2126</u>	Requestor's Email

RECEIVED

OCT 15 2018

TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address



State Absentee Ballot Form

North Carolina

RECEIVED
AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name <u>White</u>		First Name <u>Nyaisha</u>		Middle Name <u>J</u>	
Home Address (NC Residential Address.) <u>99 Merritt Dr</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-30-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>White</u>		First Name <u>Paige</u>		Middle Name <u>Michelle</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>973 Hickory Grove ball park Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>			
City <u>Bladenboro</u>		State <u>nc</u>	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u> / / </u>				Voter Registration No.		Phone (optional)	Email (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X</u>				SSN <u>[REDACTED]</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>			City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address			Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-19-17 X



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name Smith		First Name Annie		Middle Name [REDACTED]	
Home Address (NC Residential Address.) 5867 US 701 S				Mailing Address (if different than home address.)	
City Clarkton	State NC	Zip Code 28433	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification n NC License or ID Number		SSN X	oter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-6-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

TIME _____ REC'D BY _____

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: **GENERAL ELECTION** on **NOVEMBER 6, 2018**

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Williams		First Name makayla		Middle Name D	Suff [REDACTED]
Home Address (NC Residential Address.) 152 Burden Road				Mailing Address (If different than home address.) [REDACTED]	
City Tar Heel	State NC	Zip Code 28392	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN X X	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Willis</u>		First Name <u>Michael</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>47 Black DR</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X [REDACTED]</u>			Voter Registration No.	Phone (optional) <u>910 625-8495</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 15 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

11/13/18 X
Date

Date

Go to [www.bladenco.org](#) to check your voter registration or absentee voting status.

P. 60



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2010

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Elect*

Voter Information

Last Name <u>Wilson</u>		First Name <u>Francis</u>		Middle Name <u>Craig</u>	
Home Address (NC Residential Address.) <u>13337 NC 87 W</u>				Mailing Address (if different than home address.)	
City <u>Jar. Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <u>X</u>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1792</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Alice Wilson</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>PO Box 1792</u>		Name of Corporation (if appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Alice Wilson8-20-18

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Wilson</u>	First Name <u>Jon</u>	Middle Name <u>Franklin</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1702 Marsh Rd</u>		Mailing Address (if different than home address.) [REDACTED]		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional) <u>jonwilson4@aol.com</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1702 Marsh Rd</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

SEP 06 2018

TIME REC'D BY

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-3-2018
Date

X

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2

229 of 2658



State Absentee Ballot Request Form North Carolina

RECEIVED

OCT 05 2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

REC'D BY
BLADEN CO. BD. OF ELECTIONS

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name

WRIGHT

First Name

STACY

Middle Name

LANE

Suffix

Home Address (NC Residential Address.)

200 GRACE ST.

Mailing Address (If different than home address.)

City

BLADENBORO

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Bladen

Previous Name (if applicable)

If "No," indicate the date of your move: / /

You must provide at least one identification number:

NC License or ID Number

SSN

X X

Registration No.

Registration No.

Phone (optional)

863-3259

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

200 GRACE ST.

Bladenboro

State

NC

Zip Code

28320

If voter is registered as **Unaffiliated** and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother /sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Guardian (if applicable)

Date

Date

to check your voter registration or absentee voting status.

FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Wright</u>		First Name <u>Stacy</u>		Middle Name <u>Lane</u>	
Home Address (NC Residential Address.) <u>200 Grace St</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-14-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Varbrough</u>		First Name <u>Dewey</u>		Middle Name <u>C</u>	
Home Address (NC Residential Address.) <u>15546 NC Hwy 131</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number		SSN <u>X</u>	Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 593</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Keri Varbrough</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>15546 NC Hwy 131</u>		Name of Corporation (If appointed legal guardian) <u>BLADEN CO. BD. OF ELECTIONS</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone <u>910-862-6951</u>	
				Requestor's Email <u>bladen.boe@ncsbe.gov</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Keri Varbrough

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951

bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Election*

Voter Information

Last Name <u>Yarbrough</u>		First Name <u>Dewey</u>		Middle Name <u>C</u>	
Home Address (NC Residential Address.) <u>15546 NC Hwy 131</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move:		Voter Registration No. Optional		Phone (optional)	
You must provide at least one Identification number NC License or ID Number SSN <u>X X</u>		Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 593</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Keri Yarbrough</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>15546 NC Hwy 131</u>		Name of Corporation (if appointed legal guardian) <u>BLADEN CO. BD. OF ELECTIONS</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone <u>910-862-6951</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)
☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X / Keri Yarbrough

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name YARBROUGH		First Name DEWEY		Middle Name L	Suffix [REDACTED]
Home Address (NC Residential Address.) 78 J HILL ACRES RD.				Mailing Address (If different than home address.) [REDACTED]	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number SSN X			Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address City State Zip Code		Name of Corporation (if appointed legal guardian)		
Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)


X

Date

Date

ncsbe.gov to check your voter registration or absentee voting status.

SEE FOR ADDITIONAL INFORMATION

 <h2 style="margin: 0;">State Absentee Ballot Request Form</h2> <p style="margin: 0;">North Carolina Exhibit 4.2.3.1.2</p>	Bladen County Board of Elections P. O. BOX 512 Elizabethtown, NC 28337 234 of 2658 PHONE: 910-862-6951 FAX: 910-862-7820 elections@bladenco.org
--	--


FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name	First Name	Middle Name	Suffix		
Young	Alphonzo				
Home Address (NC Residential Address.)			Mailing Address (if different than home address.)		
5596 Lisbon Rd					
City	State	Zip Code	City	State	Zip Code
Clarkton	NC	28433			
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: / /			Bladen		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
NC License or ID Number			Phone (optional)		
SSN			Email (optional)		
X X X - X X					

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?)		City	State
			Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature 	Signature of Relative/Near Guardian (if applicable) Date <u>10/27/18</u>
---	---



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Young</u>	First Name <u>Angeline</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>148 Lewis DR</u>		Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move:		Driver Registration No. Optional	Phone (optional)
You must provide at least one identification number NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

RECEIVED

OCT 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Corbett</u>		First Name <u>Lula</u>		Middle Name <u>M</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>730 Mooreswamp Rd</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>Ivanhoe</u>	State <u>NC</u>	Zip Code <u>28447</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 24 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

10/22/18



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Electi*

Voter Information

Last Name <u>Pridgen</u>		First Name <u>Alene</u>		Middle Name <u>R</u>	
Home Address (NC Residential Address.) <u>1421 Moore Swamp Rd</u>				Mailing Address (If different than home address.)	
City <u>Ivanhoe</u>		State <u>NC</u>	Zip Code <u>28447</u>	City	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move:		Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

RECEIVED

OCT 24 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Election*

Voter Information

Last Name <u>Autry</u>		First Name <u>Hazel</u>		Middle Name <u>J.</u>	
Home Address (NC Residential Address.) <u>137 Avenue Ave.</u>				Mailing Address (If different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28339</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>	Voter Registration No. <u>310</u>		Phone (optional)
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-27-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Johnson</u>		First Name <u>Ledell</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>1342 Old Fayetteville RD</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Garland</u>	State <u>NC</u>	Zip Code <u>28441</u>	City <u>[REDACTED]</u>		State <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN CO.</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable) REC'D BY <u>BLADEN CO. BD. OF ELECTIONS</u>		
You must provide at least one identification number NC License or ID Number <u>X X</u>		Voter Registration No.		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1342 Old Fayetteville RD</u>		City <u>Garland</u>	State <u>NC</u>	Zip Code <u>28441</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Johnson Ledell</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>1342 Old Fayetteville RD</u>		Name of Corporation (if appointed legal guardian)		
City <u>Garland</u>	State <u>NC</u>	Zip Code <u>28441</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

BLADEN COUNTY BOARD OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Elect*

Voter Information

Last Name <u>Smith</u>		First Name <u>Elbert</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>217 Sandpiper R.D</u>				Mailing Address (If different than home address.) <u>P.O. Box 2515</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>X X</u>		Voter Registration No. <u>[REDACTED]</u> <small>Optional</small>		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/14/18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina Exhibit 4.2-3.1.2

Bladen County Board of Elections
P. O. BOX 512 241 of 2658
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cromartie</u>		First Name <u>CAROLYN</u>		Middle Name <u>G</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>411 White Oak Rd</u>				Mailing Address (if different than home address.)		
City <u>KELLY</u>	State <u>NC</u>	Zip Code <u>28448</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence			
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)			
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No.	Phone (optional)	Email (optional)	
SSN <u>X X X - X X</u>				<u>872-3039</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
(First) (Middle) (Last) (Suffix)		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature <u>X</u>	Signature of Relative/Near Guardian (if applicable) <u>10/10/18X</u>
Date	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina Exhibit 4.2.3.1.2

Bladen County Board of Elections
P. O. BOX 512 242 of 2658
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cromartie</u>		First Name <u>Wilfred</u>		Middle Name <u>T</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>411 White Oak</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Kelly,</u>	State <u>NC</u>	Zip Code <u>28448</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>			Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>910-862</u>	Email (optional) <u>7582</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name <u>Carolyn G. Cromartie</u>	<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent
Requestor's Address <u>411 White Oak Rd</u>	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law
City <u>Kelly</u>	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian
State <u>NC</u>	Name of Corporation (If appointed legal guardian)
Zip Code <u>28448</u>	Requestor's Phone <u>910-870-3039</u>
Requestor's Email <u>CarolynCromartie@yahoo.com</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

X

X Carolyn G. Cromartie

10-10-2018

Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512 243 of 2658
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Floyd</u>		First Name <u>Eugene</u>		Middle Name <u>Ross</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>473 Longview Rd</u>				Mailing Address (If different than home address.) <u>473 Longview Rd</u>		
City <u>Kelly</u>	State <u>NC</u>	Zip Code <u>28448</u>	City <u>Kelly</u>	State <u>NC</u>	Zip Code <u>28448</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X -</u>			Voter Registration No.		Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) [REDACTED]		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name <u>Same</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone Requestor's Email

RECEIVED

OCT 23 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X
[REDACTED]

Signature of Relative/Near Guardian (if applicable)

X Kelly Marie Jacobs 10/23/2018
Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Wright</u>		First Name <u>Richard</u>		Middle Name <u>Gr</u>	
Home Address (NC Residential Address.) <u>1249 Overlyon Rd</u>				Mailing Address (If different than home address.)	
City <u>Kelly</u>	State <u>nc</u>	Zip Code <u>28444</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)
<u>X X</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

10 24 18

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Elec

Voter Information

Last Name <u>Council</u>	First Name <u>Lair</u>	Middle Name <u>F.</u>
Home Address (NC Residential Address.) <u>154 Clem Council Rd</u>		Mailing Address (if different than home address.)
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28379</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number		Phone (optional)
SSN <u>X</u>		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-27-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Elect*

Voter Information

Last Name <u>Council</u>		First Name <u>Robert</u>		Middle Name	
Home Address (NC Residential Address.) <u>154 Clem Council Rd.</u>				Mailing Address (If different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN <u>X</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-27-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cromartie</u>	First Name <u>QUEEN</u>	Middle Name <u>ESTHER</u>	[REDACTED]		
Home Address (NC Residential Address.) <u>2641 Lisbon Rd</u>			Mailing Address (If different than home address.) [REDACTED]		
City <u>COUNCIL</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below (see instructions). NC License or ID Number <u>XXX</u>			Voter Registration No.	Phone (optional) <u>910-645-4501</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name (First) (Middle) (Last) (Suffix)			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

RECEIVED

OCT 10 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

10-9-2018

Signature of Relative/Near Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Cummins</u>		First Name <u>Queen</u>		Middle Name <u>Esther</u>	
Home Address (NC Residential Address.) <u>2641 Lishon Rd</u>				Mailing Address (if different than home address.)	
City <u>Cornwall</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one Identification number NC License or ID Number SSN <u>XX</u>		Registration No.		Phone (optional) <u>645 4501</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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APR 20 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Voter (voter only) [Signature] 4/20/2018 Signature of Near Relative/Legal Guardian (if applicable)

X

Date

	NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov	
	NC State Absentee Ballot Request Form	

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on NOV. 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Jacobs</u>		First Name <u>Dianne</u>		Middle Name <u>Alethea</u>	
Home Address (NC Residential Address.) <u>1548 Porterville Sch. Rd.</u>				Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
SSN <input checked="" type="checkbox"/>			Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information					
Absentee Mailing Address (Where should the ballot be mailed?)					
<u>4704 Sanford Arms</u>		<u>Williamsburg</u>		State <u>VA</u>	Zip Code <u>23188</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.					
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address				Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email	

RECEIVED
OCT 15 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter <u>[Signature]</u> Date <u>10-10-18</u>	Signature of Near Relative/Guardian (if applicable) <u>X</u> Date
---	---



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lewis</u>		First Name <u>Rosa</u>		Middle Name <u>Lee</u>	
Home Address (NC Residential Address.) <u>2693 Rosendale Rd</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," Indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Voter Registration No.		Phone (optional) <u>910 862-4404</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>200 Emma St</u>		City <u>ETOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Gwendolyn Lesane</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>200 Emma Street</u>		Name of Corporation (if appointed legal guardian)		
City <u>ETOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable)

Gwendolyn Lesane 11/17/18

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Troy</u>		First Name <u>Rutha</u>		Middle Name <u>BEII</u>	
Home Address (NC Residential Address.) <u>55 Troy Will Dr</u>				Mailing Address (If different than home address.)	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>					
You must provide at least one identification number NC License or ID Number		SSN <u>X X X</u>	Registration No.	Phone (optional) <u>910-874-5976</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 10 2018
REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable)

10/9/18 X
Date

Date

Go to [www.bladen.org](#) to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election #

Voter Information

Last Name <u>Troy</u>		First Name <u>Retha</u>		Middle Name <u>Bell</u>	
Home Address (NC Residential Address.) <u>55 Troy Willis Dr</u>				Mailing Address (If different than home address.)	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XX</u> SSN <u>[REDACTED]</u>			Registration No.	Phone (optional) <u>(910) 874-5976</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 20 2018

TIME REC'D BY

BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-20-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

Bladen County Board of Elections

P. O. BOX 512

Elizabethtown, NC 28337 253 of 2658

PHONE: 910-862-6951 FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Young	Fletcher		
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
5542 Lisbon Rd			
City	State	Zip Code	
Clarkton	NC	28433	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/18</u>		Bladen	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number			Email (optional)
SSN			
X X X - X X			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		Relationship	
(First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City		State	Zip Code
		Requestor's Phone	Requestor's Email

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OCT 27 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by:
	(Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

X 10/27/18 X
Date Date

Visit www.bladenco.org to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Young</u>	First Name <u>Fletcher</u>	Middle Name	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>5542 Lisbon Rd</u>		Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move:			
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Driver Registration No. Optional	Phone (optional) Email (optional)

RECEIVED
 APR 02 2018
 TIME REC'D BY
 BLADEN CO BOE ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>above</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email


For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/20/18
 Date

X Leistene Young
 Date

	State Absentee Ballot Request Form North Carolina Exhibit 4.2.3.1.2	Bladen County Board of Elections P. O. BOX 512 Elizabethtown, NC 28337 255 of 2658 PHONE: 910-862-6951 FAX: 910-862-7820 elections@bladenco.org
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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Young</u>		First Name <u>Fsnbella</u>		Middle Name <u>S</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>5596 Lisbon Rd</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>			Voter Registration No.	Phone (optional)	Email (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
OCT 27 2018 REC'D BY BLADEN CO. BD. OF ELECTIONS				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>X</u>	Signature of Relative/Near Guardian (if applicable) <u>X</u>	Date <u>10/27/18</u>	Date
-----------------------	---	-------------------------	------

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Young</u>		First Name <u>Isabelle</u>		Middle Name <u>S</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>5596 Lisbon RD</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional		
SSN <u>[REDACTED]</u> X X X - X X - [] [] []			Phone (optional)		
			Email (optional)		

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>above</u>		City <u>APR 02 2018</u>	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary/affiliation for the ballot: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
3/20/18 X Alphonzo Young 3-20-18
 Date Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

Bladen County Board of Elections

P. O. BOX 512

Elizabethtown, NC 28337 257 of 2658

PHONE: 910-862-6951 FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Young	Lopstin		
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
5542 Wilson Rd			
City	State	Zip Code	City
Clarkton	NC	28433	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: ____/____/____		Bladen	
Previous Name (if applicable)			
You must provide at least one identification number below. (or NC License or ID Number)		Voter Registration No.	Phone (optional) Email (optional)
SSN X X X - X X			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		Relationship	
(First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (If appointed legal guardian)	
City		State	Zip Code
		Requestor's Phone	Requestor's Email
		TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

X

10/29/18

X

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Loistine</u>	First Name <u>Loistine</u>	Middle Name <u>M</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>5542 Lisbon Rd</u>		Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move:		Registration No. Optional	Phone (optional)
You must provide at least one identification number: NC License or ID Number <u>X</u> SSN <u>X</u>		Email (optional)	

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>above</u>	City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	
Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/20/18
Date

X
Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Young</u>		First Name <u>Thurman</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>155 White Plains Church Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (for see instructions) NC License or ID Number SSN <u>X X X [REDACTED]</u>			Voter Registration No.	Phone (optional) <u>910 645-4627</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

RECEIVED
OCT 15 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10/14/18
Date

Date

Go to [www.bladenco.org](#) to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Young</u>		First Name <u>Velma</u>		Middle Name	
Home Address (NC Residential Address.) <u>155 White Plains Church Rd</u>				Mailing Address (If different than home address.)	
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No.		Phone (optional) <u>645-4627</u>
X X					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 10 2018
TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10/9/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>YOUNG</u>		First Name <u>VE/MAR</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>155 White Plain Church Rd</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1-1-1</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XX XX</u>		Registration No. <u>[REDACTED]</u>		Phone (optional) <u>978-645-4627</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input checked="" type="checkbox"/> RECEIVED <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address APR 25 2018

Signature of Near Relative/Legal Guardian (if applicable)

L-24-07X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 17 2018

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKoy</u>		First Name <u>Joseph</u>		Middle Name <u>C.</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>815 Fox St.</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number		SSN <u>X</u>	Voter Registration No. <i>Optional</i>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-18-18

Date

X

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

EXHIBIT 4.2.3.1.2

263 of 2658



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

Nov. 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name MOFFAT		First Name CATHERINE		Middle Name D	Suffix
Home Address (NC Residential Address.) 583 CAPE OWEN MANOR RD.				Mailing Address (if different than home address.)	
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: / /			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN X X	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9-29-18

Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 06 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jessup</u>		First Name <u>La June</u>		Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>146 Pearl Llyod Rd</u>				Mailing Address (If different than home address.)		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]			Voter Registration No. Optional		Phone (optional)	Email (optional)
You must provide at least one identification NC License or ID Number SSN <input checked="" type="checkbox"/>						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature [REDACTED] Signature of Near Relative/Legal Guardian (if applicable) 8/21/18
 X Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 265 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lloyd</u>		First Name <u>Sally</u>		Middle Name <u>M.</u>		[REDACTED]	
Home Address (NC Residential Address.) <u>148 Avenue</u>				Mailing Address (if different than home address.)			
City <u>White Oak</u>		State <u>NC</u>	Zip Code <u>28399</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move:				[REDACTED]		[REDACTED]	
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. Optional		Phone (optional) [REDACTED]		
[REDACTED]		X X	[REDACTED]		[REDACTED]		

RECEIVED
OCT 02 2018

Absentee Voting Information

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Transmit my ballot by: (Military/Overseas Voters Only)	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax	<input type="checkbox"/> Email
Fax Number or Email Address			

Signature of Near Relative/Legal Guardian (if applicable)
8/23/18 X
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKoy</u>		First Name <u>Margaret</u>		Middle Name <u>J.</u>	Suffix [REDACTED]
Home Address (Not Residential Address.) <u>815 Fox St</u>			Mailing Address (If different than home address.) <u>PO Box 1363</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X</u>	Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-19-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name Smith		First Name Bernice		Middle Name B	
Home Address (NC Residential Address.) 420 E. McKay St Apt 6D				Mailing Address (if different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN X X	Voter Registration No. Optional	Phone (optional) 862-6021	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
RECEIVED				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/09/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>Bernice</u>		Middle Name <u>B</u>	
Home Address (NC Residential Address.) <u>420 E McKay St Apt 6D</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN	Voter Registration No.		Phone (optional)
<u>X X</u>					

RECEIVED

APR 13 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McKiver</u>	First Name <u>Joyce</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>P.O. Box 188 152 Pearl Lloyd Rd</u>		Mailing Address (If different than home address.) <u>P.O. Box 188</u>	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>White Oak</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move:		Voter Registration No. <u>Optional</u>	Phone (optional)
You must provide at least one identification r NC License or ID Number <u>X</u>		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/26/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 270 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Jessup</u>		First Name <u>Lisa</u>		Middle Name <u>Kay</u>	
Home Address (NC Residential Address.) <u>5564 Hwy. 53 West</u>				Mailing Address (If different than home address.)	
City <u>White Oak</u>		State <u>N.C.</u>	Zip Code <u>28399</u>	City	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move:		You must provide at least one identification number: NC License or ID Number <u>X X</u>		Voter Registration No. Optional	
				Phone (optional)	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-15-18X

Date

Date



NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: November Municipal Election on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name Reed		First Name Gary		Middle Name Clarence	
Home Address (NC Residential Address.) 16897 NC HWY 53 West				Mailing Address (if different than home address.)	
City Fayetteville	State N.C	Zip Code 28312	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number 1653962		Voter Registration No.		Phone (optional)	Email (optional)

RECEIVED

OCT 16 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Gary C. Reed 16897 NC HWY 53 WEST		City Fayetteville	State NC	Zip Code 28312
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature X	Signature of Near Relative/Guardian (if applicable) 10-13-18 X
Date	Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 12 2018

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Sutton</u>		First Name <u>Barbara</u>		Middle Name <u>H</u>			
Home Address (NC Residential Address.) <u>133 Live Oak Methen Rd</u>				Mailing Address (if different than home address.) <u>[Redacted]</u>			
City <u>White Oak</u>		State <u>NC</u>	Zip Code <u>28399</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>				Voter Registration No.		Phone (optional)	Email (optional)
You must provide at least one identification number (see instructions) NC License or ID Number		SSN <u>X X X</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>133 Live Oak Methen Rd</u>			City <u>White Oak</u>		State <u>NC</u>	Zip Code <u>28399</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P35

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>WOOD</u>		First Name <u>HANNAH</u>		Middle Name <u>SHARON</u>	
Home Address (NC Residential Address.) <u>4554 HWY 53 West</u>				Mailing Address (if different than home address.)	
City <u>WHITE OAK</u>	State <u>NC</u>	Zip Code <u>28389</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No.	Phone (optional)	Email (optional)
<u>X</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email


For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sig

Signature of Near Relative/Legal Guardian (if applicable)

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on May 8, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Gull</u>		First Name <u>Franklin</u>		Middle Name <u>Thomas</u>	
Home Address (NC Residential Address.) <u>209 West Walnut St. Apt 5A</u>			Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable) <u>RECEIVED</u>		
You must provide at least one identification number: NC License or ID Number		SSN	Registration No.	Phone	Email
<u>X</u>		<u>X</u>			
			TIME REC'D BY: BLADEN CO. BD. OF ELECTIONS		

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State
			Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)	OR	Signature of Near Relative/Legal Guardian (if applicable)
<u>3-20-18</u>		<u>X</u>
Date		Date

Go to www.bladenco.org to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on MAY 8 - 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>HEFLIN</u>		First Name <u>OTHELIA</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>11315 TWISTED Hickory Rd.</u>				Mailing Address (if different than home address.) <u>P.O. Box 908</u>	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable)		
You must provide at least one identification number (SSN, Driver's License, etc.) <u>[Redacted]</u>			Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 11 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-22-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name Heflin		First Name Rebecca		Middle Name Jane	
Home Address (NC Residential Address.) 11335 Twisted Hickory Rd				Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State	Zip Code
RECEIVED				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-27-18 X

Date

Date



Exhibit 4.2.3.1.2

277 of 2658

State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on May 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>HEFLIN</u>	First Name <u>REBECCA</u>	Middle Name <u>JANE</u>	SSN [REDACTED]		
Home Address (NC Residential Address.) <u>11315 TRISTED HICKORY RD</u>		Mailing Address (if different than home address.) <u>P.O. Box 908</u>			
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>		Voter Registration No.		Phone (optional)	Email (optional)
You must provide at least one identification number below. (see instructions) NC License or ID Number <u>XX</u>		[REDACTED]		[REDACTED]	

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APR 09 2018

Absentee Voting Information				
Absentee Mailing Address (Where should the ballot be mailed?)		City	TIME Stamp	REC'D BY
[REDACTED]		[REDACTED]	BLADEN CO. BO. OF ELECTIONS	[REDACTED]
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-22-18
Date**X**

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina
BLADEN COUNTYTO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

URN: 2488

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Averitte</u>		First Name <u>Sarah</u>		Middle Name <u>Emily</u>	[REDACTED]	
Home Address (NC Residential Address.) <u>14086 West Hwy 87</u>				Mailing Address (If different than home address.) [REDACTED]		
City <u>Tar Heel</u>		State <u>NC</u>	Zip Code <u>28392</u>	[REDACTED]		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable) TIME <u>REC'D BY</u> BLADEN CO. BD. OF ELECTIONS		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XX</u> SSN <u>[REDACTED]</u>				Voter Registration No. [REDACTED]		Phone (optional) [REDACTED]
				Email (optional) [REDACTED]		

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MAR 28 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>14086 West Hwy 87</u>				City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility: [REDACTED]						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name <u>Marie Averitte Cash</u>				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>PO BOX 426</u>				Name of Corporation (If appointed legal guardian) [REDACTED]		
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	Requestor's Phone <u>910.308.5120</u>		Requestor's Email <u>mariecash@nc.rr.com</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address [REDACTED]	

Signature of Near Relative/Legal Guardian (if applicable)

X Marie Averitte Cash 3-28-18

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name BAXLEY		First Name DELLA		Middle Name D	Suffix [REDACTED]
Home Address (NC Residential Address.) 74 DAVIS FARM RD.				Mailing Address (If different than home address.) [REDACTED]	
City SAINT PAULS	State NC	Zip Code 28384	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable) [REDACTED]		
You must provide at least one identification: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			Voter Registration No. [REDACTED]		
			Phone (optional) [REDACTED]		
			Email (optional) [REDACTED]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 74 Davis Farm Rd		City St. Pauls	State NC	Zip Code 28384
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name [REDACTED]		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address [REDACTED]		Name of Corporation (If appointed legal guardian) [REDACTED]		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address [REDACTED]	

Sig [REDACTED]	Signature of Near Relative/Guardian (if applicable) [REDACTED]
Date 9-29-18	Date X

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Gregory McCollum</u>		First Name <u>Gregory</u>		Middle Name <u>Henry</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>210 Bethel St.</u>			Mailing Address (If different than home address.) <u>[REDACTED]</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Voter Registration No. Optional <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>	Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>210 Bethel St.</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

RECEIVED

OCT 04 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
[REDACTED]

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ EmailFax Number or Email Address
[REDACTED]Signature of Near Relative/Legal Guardian (if applicable)
8/21/18 X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name OWENS		First Name JEANETTE		Middle Name S	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 134 OLD ABBOTTSBURG RD.				Mailing Address (If different than home address.) [REDACTED]		
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]			Voter Registration No. [REDACTED]		Phone (optional) 648-2679	Email (optional)
You must provide at least one identification: NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 134 Old Abbottsburg Rd.		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> son-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
[REDACTED]				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable)

10-1-18
Date

X

Date

SEE REVERSE FOR ADDITIONAL INFORMATION

Request ID: 9 - 7484



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTYTO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name PONE	First Name BESSIE	Middle Name SPIVEY	Suffix [REDACTED]
Home Address (NC Residential Address.) 16521 TWISTED HICKORY RD		Mailing Address (if different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence [REDACTED]	Previous Name (if applicable)
If "No," indicate the date of your move: [REDACTED]		Registration No. 0002588	Phone (optional) [REDACTED]
You must provide at least one identification number: NC License or ID Number [REDACTED]		Email (optional) [REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 10 Berea Ct		City Greensboro	State NC	Zip Code 27406
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 29 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

0/2/18 X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 04 2018
TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER

Election Type (Primary, General, Municipal, Special, etc.)

Electi

Voter Information

Last Name Priest		First Name Carlton		Middle Name Bruce	
Home Address (NC Residential Address.) 10237 Twisted Hickory				Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN X X	Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name Jeffery Bruce Priest		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address 10237 Twisted Hickory		Name of Corporation (if appointed legal guardian)		
City Bladenboro	State NC	Zip Code 28320	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-22-18

Date

X

Jeffery Priest

8-22-18

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

284 of 2658

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>PRIEST</u>	First Name <u>CARLTON</u>	Middle Name <u>BRUCE</u>	SSN [REDACTED]
Home Address (NC Residential Address.) <u>10237 TWISTED Hickory Rd</u>		Mailing Address (If different than home address.) [REDACTED]	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1-1-1</u>			
You must provide at least one identification number below. (see instructions) NC License or ID Number <u>XX</u>		Registration No.	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>10237 TWISTED Hickory Rd</u>		City <u>BLADEBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>MAR 26 2018</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

TIME RECD BY
BLADEN CO. BO. OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

7-10-2018 X
Date



NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FAISELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name Smith		First Name Clara		Middle Name Lucille	
Home Address (NC Residential Address.) 2938 Old Fayetteville Road			Mailing Address (if different than home address.)		
City Garland	State NC	Zip Code 28441	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X			Voter Registration No. Optional		
			Phone (optional)		Email (optional) carnival4301@yahoo.com

Absentee Voting Information					
Absentee Mailing Address (Where should the ballot be mailed?) 2939 Old Fayetteville Road					
City Garland			State NC		Zip Code 28441
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name Charles Wade Smith		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address 2939 Old Fayetteville Road		Name of Corporation (if appointed legal guardian)			
City Garland	State NC	Zip Code 28441	Requestor's Phone 9108798234	Requestor's Email carnival4301@yahoo.com	

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative or guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
	X <i>Chm Wade / ss</i>
Date	Date

Go to www.ncsbe.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cain</u>	First Name <u>Joseph</u>	Middle Name <u>Benjamin</u>	Suffix <u>III</u>	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>218 Pages Lake Rd</u>		Mailing Address (If different than home address.) <u>same</u>		
City <u>St Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]				
You must provide at least one identification number: NC License or ID Number [REDACTED] SSN [REDACTED] <input checked="" type="checkbox"/>		Voter Registration No. [REDACTED] <i>Optional</i>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>218 Pages Lake Rd</u>		City <u>St Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

11/16/2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-12-18 X

Date

Date



Exhibit 4.2.3.1.2

4.24.18 287 012658

State Absentee Ballot Request Form
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**I am requesting an absentee ballot for the: Primary on
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>COIN</u>	First Name <u>JOSEPH</u>	Middle Name <u>B</u>	Suffix <u>[Redacted]</u>
Home Address (NC Residential Address.) <u>218 Pages Lake Rd</u>		Mailing Address (If different than home address.) <u>same</u>	
City <u>ST PAUL</u>	State <u>NC</u>	Zip Code <u>28384</u>	City <u>Bladen</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number: NC License or ID Number <u>X</u> SSN <u>[Redacted]</u>		Registration No.	Phone (optional) <u>9104766344</u>
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> son-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
TIME REC'D BY Requestor's Email BLADEN CO. BD. OF ELECTIONS				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

4/25/18
Date

X

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2



State Absentee Ballot Request Form North Carolina

RECEIVED

OCT 05 2011

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS-I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name

COUNCIL

First Name

JOANN

Middle Name

Suffix

Home Address (NC Residential Address.)

6329 CHICKENFOOT RD.

Mailing Address (If different than home address.)

City

SAINT PAULS

State

NC

Zip Code

28384

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification:

NC License or ID Number

SSN

X

Driver Registration No.

Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

6329 Ch. Chickenfoot Rd.

City

St. Pauls

State

NC

Zip Code

28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

(First)

(Middle)

(Last)

(Suffix)

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-2-18 X

Date

Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

33312674965 NC8W1095827 IVNC



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Carterwright</u>		First Name <u>Eva</u>		Middle Name <u>Mae</u>	
Home Address (NC Residential Address.) <u>467 Hwy 53 West</u>				Mailing Address (If different than home address.) <u>P.O. Box 1356</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			Voter Registration No. Optional Phone (optional) Email (optional) RECEIVED OCT 02 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Shante Carterwright</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input checked="" type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>467 Hwy 53 West</u>		Name of Corporation (If appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Shante Carterwright

8-23-18

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 290 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Cantwright</u>		First Name <u>Theodore</u>		Middle Name <u>Merritt</u>	
Home Address (NC Residential Address.) <u>469 Hwy 53 west</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X</u>	Voter Registration No. Optional		Phone (Optional) Email (Optional)

RECEIVED
OCT 02 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Shante Cantwright</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input checked="" type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>469 Hwy 53 west</u>		Name of Corporation (if appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

Shante Cantwright

8-23-18

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name DAVIS		First Name PATRICIA		Middle Name CAIN	
Home Address (NC Residential Address.) 103 MINES CREEK RD				Mailing Address (If different than home address.)	
City ST. PAULS	State NC	Zip Code 28384	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: / /			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. 0000003228	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>103 mines Creek Rd</u>		City <u>ST. PAULS</u>	State <u>NC</u>	Zip Code <u>28384</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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SEP 04 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-30-18 X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov. 6, 20
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
MERRITT	FLOYD	LEE	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
81 SWEET HOME CHURCH RD.			
City	State	Zip Code	
ELIZABETHTOWN	NC	28337	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move:		Bladen	
You must provide at least one identification NC license or ID Number		Registration No.	Phone (optional)
SSN			Email (optional)
X			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
81-Sweet Home Church Rd		Elizabethtown	N.C.	28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if applicable)		
City	State	Zip Code	Requestor's Phone	
			Requestor's Email	
		TIME REC'D BY		
		BLADEN CO. BD. OF ELECTIONS		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

X

Date

Date

BE.gov to check your voter registration or absentee voting status.

SEE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512 293 of 2658
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

EXHIBIT 4.23.1.2

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Humphrey</u>		First Name <u>Edward</u>		Middle Name <u>N</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>11 Hwy 20</u>				Mailing Address (If different than home address.)		
City <u>Tarheel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City			
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>			Previous Name (if applicable)
If "No," indicate the date of your move: <u> / / </u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		Phone (optional)	Email (optional)
NC License or ID Number SSN <u>X X X - X X -</u>					<u>910-862-4029</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>11 Hwy 20</u>		City <u>Tarheel</u>	State <u>NC</u>	Zip Code <u>28392</u>
If voter is registered as <u>unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City		State	Zip Code	Requestor's Phone
				Requestor's Email TIME REC'D BY BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

<u>X</u>	<u>10-18-18</u>	<u>X</u>	
Date	Date	Date	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512 294 of 2658
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Humphrey</u>		First Name <u>Minnie</u>		Middle Name <u>Gertrude</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>Tar Heel Hwy 20</u>				Mailing Address (If different than home address.)	
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City		State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see back of form for instructions)		Driver Registration No.		Phone (optional)	Email (optional)
NC License or ID Number	SSN <u>X X X - X X</u>	[REDACTED]		<u>910 862 4029</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>11 Hwy 20</u>		City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	
		Requestor's Email TIME _____ REC'D BY _____ BLADEN CO. BD. OF ELECTIONS		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sig <u>[REDACTED]</u>	Signature of Relative/Near Guardian (if applicable) <u>10-18-18 X</u>
Date	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723
elections.sboe@ncsbe.gov

FAX: 919-715-0135

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

BLADEN CO. BO. OF ELECTIONS

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.) on

Election Date

Voter Information

Last Name

MONROE

First Name

WILLIAM

Middle Name

GASTON

Suffix

SR

Home Address (NC Residential Address.)

PO BOX 114

Mailing Address (If different than home address.)

City

TAR HEEL

State

NC

Zip Code

28392

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Bladen

Previous Name (if applicable)

If "No," indicate the date of your move: / /

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X

Voter Registration No.

Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother /sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name <u>Monroe</u>	First Name <u>William</u>	Middle Name <u>Easton</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>119 Mill Street</u>		Mailing Address (If different than home address.) <u>P.O. 119</u>		
City <u>Tarheel</u>	State	Zip Code	City <u>Tarheel</u>	State <u>W</u> Zip Code <u>28392</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification number (SSN, Driver's License, etc.) [REDACTED] <input checked="" type="checkbox"/> <input type="checkbox"/>		Voter Registration No. Optional		
[REDACTED]		Phone (optional)		
[REDACTED]		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City <u>Bladen</u>	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Rozier		First Name Lue		Middle Name Bertha	
Home Address (NC Residential Address.) 1948 Pages Lake Rd				Mailing Address (If different than home address.)	
City Saint Pauls	State NC	Zip Code 28384	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: <u> / / </u>			Previous Name (if applicable)		
You must provide at least one identification <input checked="" type="checkbox"/> X		Voter Registration No.		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1948 Pages Lake Road</u>		City <u>Saint Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>
If voter is registered as <u>unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
TIME REC'D BY: <u>OCT 30 2018</u> BLADEN CO. BD. OF ELECTIONS				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable) <u>X</u>	
Date <u>10/24/18</u>	Date

Plot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
E.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>Jane</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>1325 Tar Heel Rd.</u>				Mailing Address (If different than home address.)	
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. <i>Optional</i>	Phone (optional)	Email (optional)
<u>X X</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

W/11/18
Date

X

Date

	<h2 style="margin: 0;">State Absentee Ballot Request Form</h2> <p style="margin: 0;">North Carolina</p>	<p>NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255</p> <p>PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov</p>
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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Tatum</u>		First Name <u>William</u>		Middle Name	
Home Address (NC Residential Address.) <u>615 McLeod St. Apt 4B</u>			Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
NC License or ID Number		SSN	Phone (optional)		Email (optional)
<input checked="" type="checkbox"/> X			Optional		

Absentee Voting Information					
Absentee Mailing Address (Where should the ballot be sent?) <u>Same</u>					
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.					
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable) <u>4/11/18</u> <u>X</u>	Date <u>4/11/18</u>
--	------------------------



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Whitted</u>		First Name <u>Inez</u>		Middle Name [REDACTED]	
Home Address (NC Residential Address.) <u>65 Sandpit Rd.</u>				Mailing Address (if different than home address.) [REDACTED]	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable) [REDACTED]		
You must provide at least one identification number: NC License or ID Number [REDACTED]		SSN [REDACTED]	Voter Registration No. [REDACTED]	Phone (optional) [REDACTED]	Email (optional) [REDACTED]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) [REDACTED]		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name [REDACTED]		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address [REDACTED]		Name of Corporation (if appointed legal guardian) [REDACTED]		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address [REDACTED]

Signature of Near Relative/Legal Guardian (if applicable)

8/14/18

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.23.1.2

Bladen County Board of Elections
P. O. BOX 512 301 of 2658
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Beghty</u>	First Name <u>HARRY</u>	Middle Name <u>O'</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>2242 Baltimore Rd</u>		Mailing Address (If different than home address.)		
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number		Voter Registration No.	Phone (optional)	Email (optional)
SSN <u>X X X - X X</u>				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
(First) (Middle) (Last) (Suffix)		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
City		Name of Corporation (If appointed legal guardian)		
State	Zip Code	Requestor's Phone	Requestor's Email	

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OCT 29 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sign <u>X</u>	Signature of Relative/Near Guardian (if applicable) <u>X</u>
Date	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Beatty</u>		First Name <u>Lillie</u>		Middle Name <u>B.</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>2439 Firgus Rd</u>				Mailing Address (if different than home address.)		
City <u>Council</u>		State <u>N.C.</u>	Zip Code <u>28434</u>	City		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)				Voter Registration No.		
NC License or ID Number		SSN <u>XXX - XX</u>	Phone (optional)			
			Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
(First) (Middle) (Last) (Suffix)		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
City		State	Zip Code	Name of Corporation (If appointed legal guardian)
Requestor's Phone		Requestor's Email		

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OCT 29 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)	Signature of Relative/Near Guardian (if applicable)
<u>X</u>	<u>X</u>
Date	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: Bladen County Board of Elections 303 of 2658

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Beatty</u>		First Name <u>Lillie</u>		Middle Name <u>B.</u>	
Home Address (NC Residential Address.) <u>2439 figure 9 Road</u>				Mailing Address (if different than home address.)	
City <u>Council</u>		State <u>NC</u>	Zip Code <u>28534</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number NC License or ID Number		SSN <u>X X</u>	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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APR 30 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

4-29-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512 304 of 2658
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Beatty</u>		First Name <u>Thomas</u>		Middle Name <u>L</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>2439 Firgus 9 Rd</u>				Mailing Address (If different than home address.)		
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City			
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		Phone (optional)	Email (optional)
NC License or ID Number SSN <u>X X X - X X</u>						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 29 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) <u>X</u>	Signature of Relative/Near Guardian (if applicable) <u>Xellie Beatty</u>
Date	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 305 of 2658

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Beatty</u>		First Name <u>Thomas</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>2439 Figure 9 Rd</u> <u>Council</u>				Mailing Address (If different than home address.)	
City	State <u>N.C.</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN <u>X X</u>	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

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APR 30 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-29-18 X Lillian B. Beatty

Date

Date



NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

INAPPROPRIATELY OR FALSIFY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 22A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Andrews</u>		First Name <u>Lee</u>		Middle Name <u>Gretta</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>161 Baltimore Rd.</u>				Mailing Address (If different than home address.)			
City <u>Council</u>		State <u>NC</u>	Zip Code <u>28434</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (If applicable)	
If "No," indicate the date of your move: <u>1/1</u>							
You must provide at least one identification number below. (or see instructions) NC License or ID Number				Voter Registration No.		Phone (optional)	Email (optional)
SSN <u>XXX - XX [REDACTED]</u>						<u>(910) 918-5492</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>161 Baltimore Rd.</u>			City <u>Council</u>		State <u>NC</u>	Zip Code <u>28434</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility: <u>Liberty Commons 1402 Pinkney St. Whiteville, NC 28472</u>						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name <u>Franklin D. Andrews</u>			<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>161 Baltimore Rd.</u>			Name of Corporation (If appointed legal guardian)			
City <u>Council</u>		State <u>NC</u>	Zip Code <u>28434</u>	Requestor's Phone <u>(910) 918-5528</u>		Requestor's Email
				RECEIVED OCT 30 2018 TIME _____ REC'D BY _____ BLADEN CO. BD. OF ELECTIONS		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable)

10/30/2018 X Franklin D. Andrews 10/30/2018
Date Signature Date



North Carolina

Exhibit 4.2.3.1.2

301 S. Cypress St.
Elizabethtown NC
28337PHONE: 910-862-6951
bladen.boe@ncsbe.gov307 of 2658
Mailing Address
PO Box 512
Elizabethtown

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bryant</u>		First Name <u>George</u>		Middle Name <u>W</u>			
Home Address (NC Residential Address.) <u>902 Bowen Blanks Rd.</u>				Mailing Address (If different than home address.) [REDACTED]			
City <u>Riegelwood</u>		State <u>NC</u>	Zip Code <u>28456</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>							
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional		Phone (optional)	
NC License or ID Number		SSN			Email (optional)		
		<u>X X</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) [REDACTED]				State		Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
				<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
				<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address				Name of Corporation (If appointed legal guardian)			
City		State	Zip Code	Requestor's Phone <u>910.655.4519</u>		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



North Carolina

Exhibit 4.2.3.1.2

308 of 2658

Jules Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bryant</u>		First Name <u>Shirley</u>		Middle Name <u>E</u>	
Home Address (NC Residential Address.) <u>902 Bowen Blanks Rd.</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>Regelwood</u>		State <u>NC</u>	Zip Code <u>28456</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>				County of Residence <u>Bladen</u>	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X</u> [REDACTED]				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) [REDACTED]				State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone <u>910.655.4519</u>		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

0-1938 X

Date



FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Dixon</u>		First Name <u>Deartus</u>		Middle Name <u>m</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>228 Lock & Dam #1 Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>			
City		State	Zip Code	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>				Voter Registration No. <u>[REDACTED]</u>		Phone (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X</u>				Voter Registration No. Optional <u>[REDACTED]</u>		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone <u>910.655.3705</u>	Requestor's Email	

RECEIVED
OCT 22 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

10/19/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information	
Last Name <u>Graham</u>	First Name <u>Bessie B</u>
Middle Name	Suffix
Home Address (NC Residential Address.) <u>894 Graham</u>	
Mailing Address (If different than home address.)	
City <u>Riegelwood</u>	State <u>NC</u>
Zip Code <u>28456</u>	City <u>Bladen</u>
State <u>NC</u>	Zip Code <u>28456</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If "No," indicate the date of your move:	
You must provide at least one identification number: NC License or ID Number <u>XXXX</u> SSN <u>XXXX-XX-XXXX</u>	
Registration No. Optional	Phone (optional) <u>910.655-4912</u>
Email (optional)	

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?)		City	State
		Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepparent
	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> father-in-law		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone <u>910.655.4912</u>
			Requestor's Email

RECEIVED

OCT 15 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name Graham		First Name Carol		Middle Name Delphine	
Home Address (NC Residential Address.) 84 Dickson Rd.				Mailing Address (If different than home address.)	
City Riegelwood		State NC	Zip Code 28456	City	State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move:		Voter Registration No. Optional		Phone (optional)	Email (optional)
You must provide at least one identification number: NC License or ID Number		SSN X X			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone 910.655.8818	Requestor's Email

RECEIVED

OCT 15 2018

TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-13-18 X

Date

Date



FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Bennerman	Deloris	G	
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)	
608 East Arcadia			
City	State	Zip Code	City
Riegelwood	NC	28456	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: 1/1		Bladen	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number	SSN		Email (optional)
	X X X - X X		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
			910.655.4467	

RECEIVED

OCT 22 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Sign

Signature of Near Relative/Legal Guardian (if applicable)

X

10-17-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Graham</u>		First Name <u>Estelle</u>		Middle Name <u>G.</u>	
Home Address (NC Residential Address.) <u>523 Dickson</u>				Mailing Address (if different than home address.)	
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)
<u>X X</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone <u>910.655.8727</u>	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-24-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Elect

Voter Information

Last Name <u>Graham</u>		First Name <u>Jettie</u>		Middle Name <u>Ree</u>	
Home Address (NC Residential Address.) <u>272 Pickett Dr</u>				Mailing Address (If different than home address.) <u>PO Box 703</u>	
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X</u>	Voter Registration No. Optional		Phone (optional) <u>910-657-9900</u>
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 703</u>		City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email RECEIVED OCT 22 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-21-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Graham</u>		First Name <u>Jettie</u>		Middle Name <u>Lee</u>	
Home Address (NC Residential Address.) <u>272 Picket Drive</u>				Mailing Address (If different than home address.)	
City <u>Riegelwood</u>		State <u>NC</u>	Zip Code <u>28456</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number NC License or ID Number		SSN		Voter Registration No.	
<u>X X</u>				Phone (optional)	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 703</u>		City <u>Riegelwood</u>		State <u>NC</u>	Zip Code <u>28456</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-24-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

316 of 2658

301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Graham</u>		First Name <u>Mary</u>		Middle Name <u>E</u>	
Home Address (NC Residential Address.) <u>901 Dickson Apt 10</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>Riegelwood</u>		State <u>NC</u>	Zip Code <u>28456</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional	Phone (optional)
NC License or ID Number		SSN <u>X X</u>	Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone <u>910-655-3653</u>
			Requestor's Email <u>RECEIVED</u> <u>OCT 22 2018</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

10-17-18
Date

X
Date



State Absentee Request Form

North Carolina

OCT 04 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>BUNN</u>		First Name <u>KATHRYN</u>		Middle Name <u>SELLERS</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>56 FAYETTEVILLE Rd</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification [REDACTED]			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>56 FAYETTEVILLE Rd</u>		City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/1/18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name BUNN		First Name STEPHEN		Middle Name WAYNE	Suffix [REDACTED]
Home Address (NC Residential Address.) 56 Fayetteville Rd			Mailing Address (If different than home address.) [REDACTED]		
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number [REDACTED]			Voter Registration No. Optional [REDACTED]		
[REDACTED]			Phone (optional) 549 8284		
[REDACTED]			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 56 Fayetteville Rd.		City ELIZABETHTOWN	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

 10/1/18 X
 Date

Date



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. CLERK OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

316

1001
450

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Carter</u>		First Name <u>Ralph</u>		Middle Name <u>Chaney</u>	
Home Address (NC Residential Address.) <u>6504 US Hwy 401 N.</u>				Mailing Address (If different than home address.) <u>same</u>	
City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[redacted]</u> SSN <u>[redacted]</u>			Voter Registration No. <u>[redacted]</u>		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-28-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Graham</u>		First Name <u>Walster</u>		Middle Name <u>—</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>294 Kennedy Store Rd</u>				Mailing Address (If different than home address.)	
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Ricky A. Graham</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> uncle/aunt <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>294 Kennedy Store Rd</u>		Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>		
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	Requestor's Phone <u>669-2355</u>	Requestor's Email <u>agraham rickygraham1@yahoo.com</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Ricky A. Graham (POA) 10/10/18
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name Hall		First Name Abern		Middle Name Gus	
Home Address (NC Residential Address.) 623 Kennedystore Rd				Mailing Address (If different than home address.)	
City Riegelwood		State NC	Zip Code 28456	City	State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification number NC License or ID Number		Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone 910.655.5023	Requestor's Email

RECEIVED

OCT 15 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-12-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6,
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Hall</u>	First Name <u>Maggie</u>	Middle Name <u>Graham</u>			
Home Address (NC Residential Address.) <u>623 Kennystore Rd.</u>			Mailing Address (If different than home address.)		
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License <u>[REDACTED]</u>			Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone <u>910.655.5023</u>	Requestor's Email

RECEIVED
OCT 15 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

10-12-18

Signature of Near Relative/Legal Guardian (if applicable)

Hall
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BOE OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lewis</u>	First Name <u>CAROLYN</u>	Middle Name <u>ANN</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>8887 Hwy 41 E</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Harrells</u>	State <u>N.C.</u>	Zip Code <u>28444</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>[REDACTED]</u>			
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u> Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>8887 Hwy 41 E</u>	City <u>HARRELLS</u>	State <u>N.C.</u>	Zip Code <u>28444</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: _____			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-4-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

11/22/11

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

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TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Lewis</u>		First Name <u>Charles</u>		Middle Name <u>Lee</u>	
Home Address (NC Residential Address.) <u>8887 NC Hwy 41 E</u>				Mailing Address (If different than home address.)	
City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28441</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number _____ SSN _____			Voter Registration No. Optional _____		Phone (optional) _____ Email (optional) _____

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>8887 Hwy 41 E</u>		City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28441</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-4-11 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Melvin</u>		First Name <u>Joseph</u>		Middle Name <u>David</u>	
Home Address (NC Residential Address.) <u>2141 Johnsonstown Rd</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable) <u>J. D. Melvin</u>	
If "No," indicate the date of your move: <u>1/1/</u>			Voter Registration No.	Phone (optional) <u>RECEIVED</u> <u>OCT 26 2018</u>	
You must provide at least one identification number: NC License or ID Number <u>XX</u> [REDACTED]					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2141 Johnsonstown Rd</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name (First) <u>Alice</u> (Middle) <u>Jane</u> (Last) <u>Autry</u> (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>2141 Johnsonstown Rd</u>		Name of Corporation (If appointed legal guardian)			
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910 872-1568</u>	Requestor's Email <u>janeautry12@gmail.com</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

X Jane Autry/daughter 10/26/18

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Melvin</u>		First Name <u>Minnie</u>		Middle Name <u>Lee</u>	
Home Address (NC Residential Address.) <u>2141 Johnsonstown Rd</u>				Mailing Address (If different than home address.) [Redacted]	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable) RECEIVED	
If "No," indicate the date of your move: <u>1/1/</u>			Voter Registration No.	Phone (optional) <u>910-862-2018</u>	Email (optional)
You must provide at least one identification number (SSN, NC License or ID Number) [Redacted] X X X			TIME REC'D BY BLADEN CO. BD. OF ELECTIONS		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2141 Johnsonstown Rd</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name <u>Alice Jane Outry</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>1421 Johnsonstown Rd</u>		Name of Corporation (If appointed legal guardian)			
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910 872-1568</u>	Requestor's Email <u>janeoutry12@gmail.com</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

X Jane Outry / daughter 10-26-18
Date Date



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Merritt</u>		First Name <u>KAY</u>		Middle Name <u>F</u>	
Home Address (NC Residential Address.) <u>9034 Hwy 41 E</u>				Mailing Address (If different than home address.)	
City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number _____ SSN _____			Voter Registration No. _____ Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>9034 Hwy 41 E</u>		City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-7-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 22 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Merritt</u>		First Name <u>Perry</u>		Middle Name <u>F</u>	
Home Address (NC Residential Address.) <u>9034 Hwy 41 E</u>				Mailing Address (if different than home address.)	
City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move:			Driver Registration No. Optional	Phone (optional)	Email (optional)
You must provide at least one identification number NC <u>[REDACTED]</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>9034 Hwy 41 E</u>		City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only)
Current Address (Address where you are currently stationed or living overseas.)		<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/8/2018 X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: **GENERAL ELECTION** on **NOVEMBER 6, 2018**

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name hacawalk Jr		First Name Nathanich		Middle Name	
Home Address (NC Residential Address.) 1540 East Arcadia Road				Mailing Address (if different than home address.)	
City Riegelwood	State NC	Zip Code 28456	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN X X	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone 910-655-3555	Requestor's Email

RECEIVED

OCT 30 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name SMITH	First Name BILLY	Middle Name CURTIS	Suffix
Home Address (NC Residential Address.) PO BOX 191		Mailing Address (If different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name
If "No," indicate the date of your move:			
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> X		Registration No.	Phone (optional) TIME
			Email (optional) REC'D BY BLADEN CO. BD. OF ELECTIONS

RECEIVED
OCT 26 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO BOX 191		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

S (ly)

Signature of Near Relative/Guardian (if applicable)

10-22-2018

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Elect*

Voter Information

Last Name <u>Coraham</u>		First Name <u>Floretta</u>		Middle Name <u>Munni</u>	
Home Address (NC Residential Address.) <u>1289 EAST ARCADIA RD</u>				Mailing Address (if different than home address.)	
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License or ID Number)			Voter Registration No. (Optional)		Phone (optional) <u>910 655-9237</u>
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1289 EAST ARCADIA RD</u>		City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a <i>primary</i> ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 22 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

-31-18 Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Graham</u>		First Name <u>Floretta</u>		Middle Name <u>Munn</u>	
Home Address (NC Residential Address.) <u>1289 EAST Arcadia Rd</u>				Mailing Address (if different than home address.)	
City <u>Riegelwood</u>		State <u>NC</u>	Zip Code <u>28456</u>		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Riegelwood</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number		SSN		Voter Registration No.	
X X				Phone (optional)	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1289 EAST Arcadia Rd</u>		City <u>Riegelwood</u>		State <u>NC</u>	Zip Code <u>28456</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

4-24-18 Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>MUNN</u>		First Name <u>Lena</u>		Middle Name <u>BASS</u>	
Home Address (NC Residential Address.) <u>1289 EAST ARCADIA RD</u>				Mailing Address (If different than home address.)	
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number: <u>[REDACTED]</u> X <u>[REDACTED]</u> SSN: <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional) <u>910 655-9237</u>
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1289 EAST ARCADIA RD</u>		City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>FLORETTA M GRAHAM</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>1289 EAST ARCADIA RD</u>		Name of Corporation (If appointed legal guardian)		
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	Requestor's Phone	Requestor's Email
			TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Floretta M. Graham 10-21-18

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>MUNN</u>		First Name <u>Lena</u>		Middle Name <u>BASS</u>	
Home Address (NC Residential Address.) <u>1289 EAST ARCADIA RD</u>				Mailing Address (if different than home address.)	
City <u>Riegelwood</u>		State <u>NC</u>	Zip Code <u>28456</u>		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Voter Registration No.		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1289 EAST ARCADIA RD</u>		City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a <i>Primary</i> ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name <u>Floretta Munn Graham</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>1289 EAST ARCADIA RD</u>		Name of Corporation (if appointed legal guardian)		
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	Requestor's Phone <u>910-655-9237</u>	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Floretta Munn Graham 4-24-18

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>Julia</u>		Middle Name <u>Lacewell</u>	
Home Address (NC Residential Address.) <u>607 Smith Road</u>				Mailing Address (If different than home address.)	
City <u>Riegelwood</u>		State <u>NC</u>	Zip Code <u>28456</u>	City <u>Riegelwood</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable) TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	
If "No," indicate the date of your move: <u>1/1/</u>		You must provide at least one Identification number SSN <u>X X</u>		Phone (optional) <u>910 655 3429</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>607 Smith Road</u>		City <u>Riegelwood</u>		State <u>NC</u>	Zip Code <u>28456</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>Marjorie L. Graham</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>534 Smith Rd.</u>		Name of Corporation (if appointed legal guardian)			
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	Requestor's Phone <u>910 612-0006</u>	Requestor's Email <u>marjoriedarius@bellsouth.net</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X Marjorie L. Graham 04/12/2018
Date Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Williams</u>		First Name <u>Ethell</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>1251 Kennystore Rd.</u>				Mailing Address (if different than home address.)	
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC License or ID Number) <input checked="" type="checkbox"/>			Voter Registration No. Optional		
[REDACTED]			Phone (optional)		
[REDACTED]			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone <u>910,655-4289</u>	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/21/18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name WILLIAMS	First Name JOAN	Middle Name PHYLLIS	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 16035 NC 242 Hwy South		Mailing Address (if different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN	Previous Residence (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>		<div style="text-align: center;"> RECEIVED APR 12 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS </div>		
You must provide at least one identification number below. (or see instructions) NC [REDACTED] XX - XX [REDACTED]		Voter Registration No. Optional	Phone (optional) TIME	Email (optional) REC'D BY

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same As Above.	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/31/2018 X
 Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Watkinson</u>		First Name <u>Lucille</u>		Middle Name [REDACTED]	
Home Address (NC Residential Address.) <u>1825 Mitchell Ford Rd.</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: _____			Previous Election (If applicable) RECEIVED MAR 27 2018		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>		Voter Registration No.		Phone (optional) TIME _____	Email (optional) REC'D BY _____ BLADEN CO. BO. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Wagon P.O. Box 244</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

3-5-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Election*

Voter Information

Last Name <u>Bordeaux</u>		First Name <u>Marshall</u>		Middle Name <u>Arthur</u>	
Home Address (NC Residential Address.) <u>2238 Dwen Hill Rd</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Voter Registration No. Optional		Phone (optional)	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Nancy D Bordeaux</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>2238 Dwen Hill Rd</u>		Name of Corporation (if appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)


Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Nancy D Bordeaux
 Date

8-7-18
 1-25-39
 (NB)

	<h2 style="margin: 0;">State Absentee Ballot Request Form</h2> <p style="margin: 0;">North Carolina</p>	<p>NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255</p> <p>PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov</p>
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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.


I am requesting an absentee ballot for the: General on NOV 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information							
Last Name <u>BRISSON</u>		First Name <u>Annika Rose</u>		Middle Name <u>LITTLE</u>			
Home Address (NC Residential Address.) <u>142 BRISSON Rd</u>				Mailing Address (if different than home address.)			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1</u>							
You must provide at least one identification: NC License or ID Number				Voter Registration No. <u>00000005784</u>		Phone (optional) Email (optional)	

Absentee Voting Information							
Absentee Mailing Address (Where should the ballot be mailed?) <u>142 BRISSON Rd</u>				City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address				Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable) <u>X</u> Date	Date
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	State Absentee Ballot North Carolina	RECEIVED Form APR 30 2013 TIME _____ REC'D BY _____ BLADEN CO. BD. OF ELECTIONS	TO: Bladen County Board of Elections Physical Address 301 S Cypress Street Elizabethtown NC 28337 Mailing Address PO Box 512 Elizabethtown NC 28337 PHONE: 910-862-6951 elections@bladenco.org FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: Primary on 5-8
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>BRISSON</u>	First Name <u>ANNIE ROSE</u>	Middle Name <u>LITTLE</u>			
Home Address (NC Residential Address.) <u>142 BRISSON Rd</u>			Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? If "No," indicate the date of your move:			County of Residence		
			Previous Name (if applicable)		
Voter Registration No. <u>00000005784</u>			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>142 BRISSON Rd</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sig <u>[Signature]</u> Date <u>4-30-18</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>[Signature]</u> Date <u>4-30-18</u>
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State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>BRISSEN</u>	First Name <u>Grady</u>	Middle Name <u>COLE</u>
Home Address (NC Residential Address.) <u>142 BRISSEN RD</u>		Mailing Address (if different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladenboro</u>
If "No," indicate the date of your move: <u>1-1</u>		Previous Name (if applicable)
You must provide at least one identification NC Motor Vehicle License Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Voter Registration No. <u>0000005815</u>
		Phone (optional) <u>910 862 4573</u>
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>142 BRISSEN RD</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS


For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

11/14/18 X
Date Date

 <p style="text-align: center;">State Absentee Ballot Request Form North Carolina</p> <p style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center; font-size: 1.5em;">APR 30 2018</p> <p style="text-align: center;">TIME _____ REC'D BY _____ BLADEN CO. BD. OF ELECTIONS</p>	<p>TO: Bladen County Board of Elections</p> <p>Physical Address: 301 S Cypress Street, Elizabethtown NC 28337</p> <p>Mailing Address: PO Box 512, Elizabethtown NC 28337</p> <p>PHONE: 910-862-6951 FAX: 910-862-7820 elections@bladenco.org</p>
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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information							
Last Name <u>BRISSON</u>		First Name <u>Grady</u>		Middle Name <u>COLE</u>		Suffix	Date of Birth
Home Address (NC Residential Address.) <u>142 BRISSON Rd</u>				Mailing Address (If different than home address.)			
City <u>Blandenboro</u>		State <u>N.C.</u>	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1</u>				Voter Registration No. <u>918-00000005815</u>		Phone (optional) <u>862-4573</u>	
SSN <u>XXX - XX - XXXX</u>				Email (optional)			

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>142 BRISSON Rd</u>		City <u>Bladenboro</u>	State <u>N.C.</u>
		Zip Code <u>28320</u>	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Annie R Brisson 4-29-2018
 Date Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary Election Type (Primary, General, Municipal, Special, etc.) on November 6, 2018 Election Date

Voter Information

Last Name LEWIS		First Name DORIS		Middle Name ANN BRITT	Suffix	Date of Birth
Home Address (NC Residential Address.) 8853 BURNEY RD.				Mailing Address (If different than home address.)		
City WHITE OAK	State NC	Zip Code 28399	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)		
If "No," indicate the date of your move:						
You must provide at least one identification NC License or ID Number			Voter Registration No. Optional	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to voter:				
Requestor's Name		Relationship to Voter		
First (Last)		<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter	Signature of Near Relative/Guardian (if applicable)
Date	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

Exhibit 4-23-1-2

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

345 of 2658

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary Election Type (Primary, General, Municipal, Special, etc.)

on

5/8/19 Election Date

Voter Information

Last Name <u>RIGANS</u>	First Name <u>ROSIE</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>3371 Hwy 131</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X</u>		Voter Registration No.	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 503</u>		City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
APR 12 2019
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5/8/19 X
Date

Date

gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name BUTLER		First Name ALVIN		Middle Name N	Suffix	
Home Address (NC Residential Address.) 1857 NC 410 HWY.				Mailing Address (If different than home address.)		
City BLADENBORO		State NC	Zip Code 28320	City		State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: ____/____/____				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)				Voter Registration No.		
NC License or ID Number				Phone (optional)		
SSN X X X - X X -				Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State Zip Code	
RECEIVED OCT 11 2018					
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

10-01-18
Date

X
Date

BE.gov to check your voter registration or absentee voting status.

SEE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Butler</u>		First Name <u>Alvin</u>		Middle Name <u></u>	
Home Address (NC Residential Address.) <u>1857 N.C. Hwy 410</u>				Mailing Address (If different than home address.) <u></u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u></u>	State <u></u>	Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u></u>			Previous Name (if applicable) <u></u>		
You must provide at least one identification <u></u>			Voter Registration No. Optional <u></u>		
<u></u>			Phone (optional) <u></u>		
<u></u>			Email (optional) <u></u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepchild
		<input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely Current Address (Address where you are currently stationed or living overseas.) <u></u>		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u></u>
---	--	---

Signature

X

9-7-18

Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name COX	First Name VIDA	Middle Name AMMONS
Home Address (NC Residential Address.) 1112 S PAGE RD		Mailing Address (If different than home address.)
City CLARKTON	State NC	Zip Code 28433
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>		Printer Registration No. 00000006164
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City CLARKTON	State NC	Zip Code 28433
<p>If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference:</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan</p>				
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<p>If "Yes," what is the name and address of the hospital or facility:</p>				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>				
Requestor's Name Allen W. Cox Jr		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address 1112 S. Page Rd		Name of Corporation (If appointed legal guardian)		
City Clarkton	State NC	Zip Code 28433	Requestor's Phone 910 641 1302	Requestor's Email alcox@intvstar.net

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

<p>Select one of the options below to qualify as a military or overseas voter:</p> <p><input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.</p> <p><input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely</p>	
Current Address (Address where you are currently stationed or living overseas.)	<p>Transmit my ballot by:</p> <p>(Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email</p> <p>Fax Number or Email Address</p>

Signature of Near Relative/Legal Guardian (if applicable)

X Allen W. Cox Jr 10/30/18

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Dowless</u>		First Name <u>Cletus</u>		Middle Name <u>E</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>6802 Hwy 131</u>				Mailing Address (If different than home address.) [REDACTED]		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)		
If "No," indicate the date of your move: [REDACTED]						
You must provide at least one identification NC License or ID Number [REDACTED] SSN [REDACTED]			Voter Registration No. Optional	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/3/18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name <u>DOWLESS</u>		First Name <u>CLATUS</u>		Middle Name <u>E</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>6802 Hwy 131</u>				Mailing Address (if different than home address.) <u></u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u></u>	State <u></u>	Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u></u>		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable) <u></u>		
You must provide at least one identification number below. (or see instructions) NC ID <u></u> <u>XX-XX-XX-XX-XX-XX</u>			Voter Registration No. Optional <u></u>	Phone (optional) <u></u>	Email (optional) <u></u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home, or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u></u>	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address <u></u>	Name of Corporation (If appointed legal guardian) <u></u>			
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ EmailFax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-23-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Elect

Voter Information

Last Name Dowless		First Name Daniel		Middle Name Ross	
Home Address (NC Residential Address.) 684 Paul Brisson Rd				Mailing Address (if different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

352 of 2658

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Pfc MARK

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
<u>Dowless</u>	<u>DANIEL</u>	<u>KOSS</u>	
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)	
<u>684 Paul Brisson Rd</u>			
City	State	Zip Code	
<u>Bladenboro</u>	<u>NC</u>	<u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>1-1-</u>		Previous Name (if applicable)	
You must provide at least one identification number (NC License, Driver's License, or SSN)		Registration No.	Phone (optional)
<u>X X</u>			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
<u>SAME AS ABOVE</u>				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

12-15-17 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>STEC</u>	First Name <u>ELSIE</u>	Middle Name <u>D</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>557 LYON LANDING RD</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions) <u>[REDACTED]</u> XX - XX - [] [] []		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 341</u>	City <u>DUBLIN</u>	State <u>NC</u>	Zip Code <u>28332</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-27-2018
Date

Date



State Absentee Ballot Request Form

North Carolina

SEP 21 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Dowless</u>	First Name <u>Judy</u>	Middle Name <u>B</u>
Home Address (NC Residential Address.) <u>684 Paul Brisson Rd</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
Previous Name (if applicable)		Phone (optional)
Voter Registration No. Optional		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name <u>Daniel Dowless</u>	<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address <u>684 Paul Brisson Rd</u>	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	Name of Corporation (If appointed legal guardian)
Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Daniel R Dowless 8-2-2018

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on 5-8-18
Election Date

Voter Information

Last Name <u>Dowless</u>		First Name <u>Judy</u>		Middle Name <u>B</u>	Suffix [Redacted]
Home Address (NC Residential Address.) <u>684 Paul Brisson Rd</u>				Mailing Address (if different than home address.) [Redacted]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1</u>					
You must provide at least one identification number: NC License or ID Number: [Redacted] <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>			Registration No.	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

12-15-17 X

Date

Date



State Absentee Ballot Request Form

North Carolina

SEP 05 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Dowless</u>	First Name <u>Nellie</u>	Middle Name <u>B</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>734 Paul Brisson Rd</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification number (NCM, Driver's License, etc.) [REDACTED]		oter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

X 9-5-18

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 13 2018

Bladen County Board of Elections

PO BOX 512

Bladenboro NC 28337

REC'D BY PHONE: 910-862-6951

FAX: 910-862-7820

BLADEN CO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-2018

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Hester	Teresa	Farrell	
Home Address (NC Residential Address)		Mailing Address (If different than home address.)	
6618 Center Road			
City	State	Zip Code	City
Bladenboro	NC	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: 1-1-		Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number		Registration No.	Phone (optional)
SSN		Phone (optional)	Email (optional)
X X			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
6618 Center Road		Bladenboro	NC	28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

12-29-17 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Grimes</u>	First Name <u>Laura</u>	Middle Name <u>Virginia</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>44 Holiday Resort Lane</u>		Mailing Address (If different than home address.) <u>P.O. Box 1512</u>		
City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]		Voter Registration No. Optional	Phone (optional) <u>910-874-3326</u>	Email (optional) <u>lauragrimes3326@gmail.com</u>
You must provide at least one identification number: NC License or ID Number [REDACTED] SSN [REDACTED]				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1512</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/9/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>HOKNE</u>		First Name <u>Velma</u>		Middle Name <u>F</u>	
Home Address (NC Residential Address.) <u>208 Village St 208 S-D</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. <small>(Optional)</small>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
<p>If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. REC'D BY: <u>BLADEN CO. BD. OF ELECTIONS</u></p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan</p>				
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility:</p>				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

<p>Select one of the options below to qualify as a military or overseas voter:</p> <p><input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.</p> <p><input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely</p>		<p>Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email</p>
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

13-18 X
Date

Date

80



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Hodge</u>		First Name <u>Janice</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>8916 Burney Rd.</u>				Mailing Address (If different than home address.)		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>			Voter Registration No.		Phone (optional)	Email (optional)
<div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> tion number below. (or see instructions) SSN <u>X X X - X X -</u>						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/13/17

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PR 2 mar on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>HUDSON</u>		First Name <u>MYRA</u>		Middle Name <u>JEANNE</u>	
Home Address (NC Residential Address.) <u>95 W HESTER ST.</u>				Mailing Address (If different than home address.)	
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (If applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No. <u>RECEIVED</u>		
SSN <u>XXX - XX</u>			Phone (optional) <u>APR 03 2018</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

2-22-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name HUDSON		First Name JIMMY		Middle Name CLAYTON	
Home Address (NC Residential Address.) 95 W HESTER ST				Mailing Address (If different than home address.)	
City CLARKTON	State NC	Zip Code 28433	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: / /			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number: [REDACTED]		SSN [REDACTED]	Voter Registration No. 00000006890	Phone (optional) 910-640-7722	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

NOV 29 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/29/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>HUDSON</u>	First Name <u>Jimmy</u>	Middle Name <u>CLAYTON</u>
Home Address (NC Residential Address.) <u>95 W HESTER ST</u>		Mailing Address (If different than home address.)
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>
Previous Name (if applicable)		
You must provide at least one identifier NC License or ID Number		Voter Registration No.
		Phone (optional)
		Email (optional)

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-22-18 X
Date

Date



State Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: MID-TERM on NOV. 6 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>HUFHAM</u>		First Name <u>MARGUERITE</u>		Middle Name <u>LEWIS</u>	
Home Address (NC Residential Address.) <u>231 MITCHELL FORD ROAD</u>				Mailing Address (If different than home address.) <u>P.O. BOX 345</u>	
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable)		
You must provide at least one identification <small>NC License (ID Number) SSN</small> <input checked="" type="checkbox"/> <input type="checkbox"/>			<small>Other Registration No. Phone (optional) Email (optional)</small> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. BOX 345</u>		City <u>CLARKTON</u>		Zip Code <u>28433</u>	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		
			Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

10-19-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

TIME _____ REC'D BY _____
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Leach</u>		First Name <u>Anna</u>		Middle Name <u>Maria</u>	
Home Address (NC Residential Address.) <u>147 IDAS LANE</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC State ID, or U.S. Social Security Number)			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/13/2018
Date

X

Date

202



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. CL. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McDaniel</u>	First Name <u>Vivian</u>	Middle Name <u>H</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>9343 Hwy 131</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>23280</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-11-18
Date

X
Date



202

Exhibit 4.2.3.1.2

367 of 2658

State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 13 2018

Bladen County Board of Elections

PO BOX 512

Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

BLADENCO, NC ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
McDaniel	Vivan	H	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
9343 Hwy 131			
City	State	Zip Code	
Bladenboro	NC	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: 1-1-			
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Registration No.	Phone (optional)
			Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
SAME AS ABOVE				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

12-16-17

X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2

368 of 2658



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name MCKOY		First Name EVA		Middle Name MAE		Suffix	
Home Address (NC Residential Address.) 549 NC 410 HWY., APT. 11C				Mailing Address (if different than home address.)			
City BLADENBORO		State NC	Zip Code 28320	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>11/1/18</u>				Voter Registration No. Optional		Phone (optional)	Email (optional)
You must provide at least one identification NC License or ID Number							

Absentee Mailing Address (where should the ballot be mailed?)

549 ne Hwy 410 - apt 11C **Bladenboro** **NC** **28320**

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed as guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

RECEIVED

OCT 12 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

Signature

10-9-18 X

Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Paiv</u>		First Name <u>Levy</u>		Middle Name <u>Clayton</u>	
Home Address (NC Residential Address.) <u>1370 Center Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC ID Number, etc.)			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Joyce Sylvia Paiv</u>	<input checked="" type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address <u>1370 Center Rd</u>		Name of Corporation (if appointed legal guardian)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X Joyce Sylvia Paiv

8-27-18

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Pait</u>		First Name <u>Levy</u>		Middle Name <u>Clayton</u>	
Home Address (NC Residential Address.) <u>1370 Center Rd.</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XXXX</u> SSN <u>XXXX</u>			Election Registration No.		
			Phone (optional) <u>910-862-8757</u> Email (optional)		
			TIME <u>APR 23 2018</u> REC'D BY <u>BLADEN CO. BO. OF ELECTIONS</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1370 Center Rd.</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Joyce Sylvia Hernandez Pait</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>1370 Center Rd.</u>		Name of Corporation (if appointed legal guardian)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone <u>910-862-8757</u>	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Joyce Sylvia Hernandez Pait

4/22/2018

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

APR 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ RECEIVED BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Spaulding</u>		First Name <u>Carol</u>		Middle Name <u>S</u>	
Home Address (NC Residential Address.) <u>172 Idas Lane</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC License or ID Number, SSN, etc.) <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

p. 25

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Packer</u>		First Name <u>Edna</u>		Middle Name <u>F</u>	
Home Address (NC Residential Address.) <u>194 W. Hester Street</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License Number, NC Identification Card Number, or Social Security Number)			Voter Registration No. (Optional)		Phone (optional)
			Email (optional)		

RECEIVED

OCT 15 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 214</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X 9-5-2018

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on May 8 - 17
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Russ</u>	First Name <u>SAMUEL</u>	Middle Name <u>MAURICE</u>	Suffix
Home Address (NC Residential Address.) <u>1720 Hwy 211 W</u>		Mailing Address (if different than home address.) <u>P.O. Box 484</u>	
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>CLARKTON</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>	
If "No," indicate the date of your move: <u>1-1</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number <u>XX</u>	SSN <u>[REDACTED]</u>		Email (optional)

Absentee Ballot Requested by (Name and Address of person requesting ballot be mailed) <u>P.O. Box 484</u>		City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas) <u>12-29-17</u>		Fax Number or Email Address	

RECEIVED
MAR 26 2010
TIME REC'D BY
BD. OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Pait</u>		First Name <u>Joyce</u>		Middle Name <u>Sylvia</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1370 Center Rd</u>				Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]			Voter Registration No. Optional		Phone (optional)	Email (optional)
You must provide at least one identification NC License or ID Number [REDACTED]						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/20/2018
 Date

X

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Paik</u>		First Name <u>Joyce</u>		Middle Name <u>Sylvia Herndon</u>	
Home Address (NC Residential Address.) <u>1370 Center Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name	
If "No," indicate the date of your move:			<div style="text-align: center;"> RECEIVED APR 23 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS </div>		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No.		Phone (optional)
[Redacted]		[Redacted]	[Redacted]		<div style="text-align: center;"> TIME REC'D BY BLADEN CO. BD. OF ELECTIONS </div>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1370 Center Rd</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/22/2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER

Election Type (Primary, General, Municipal, Special, etc.)

Electi

Voter Information

Last Name <u>Shipman</u>		First Name <u>Emma</u>		Middle Name <u>Lee</u>	
Home Address (NC Residential Address.) <u>196 Burden Rd.</u>				Mailing Address (if different than home address.)	
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

719-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Smoak		First Name Margie		Middle Name M.	
Home Address (NC Residential Address.) 11591 NC 41 Hwy W				Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: / /			Previous Name (if applicable)		
You must provide at least one identification number (SSN, Driver's License, etc.)		Voter Registration No.		Phone (optional) 910-648-4692	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?) 11591 Hwy 41 W.		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-23-18 X

Date

Date

lot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
 E.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 3, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name Armstrong		First Name Jane		Middle Name B	
Home Address (NC Residential Address.) 604 S Main St.				Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City		State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC ID Card, or US Social Security Number)			Voter Registration No. (Optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 236		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

 10-8-18 X
 Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Avant</u>		First Name <u>James</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>520 Ashe St</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable) <u>[REDACTED]</u>
If "No," indicate the date of your move: <u>[REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>
You must provide at least one identification number: <u>[REDACTED]</u>			Email (optional) <u>[REDACTED]</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 84</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Near Relative/Legal Guardian (if applicable)

9/8/18 X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name BENTON		First Name CURTIS		Middle Name TIMOTHY	
Home Address (NC Residential Address.) 246 LEE ST.				Mailing Address (If different than home address.) P.O. BOX 778	
City BLADENBORO	State NC	Zip Code 28320	City BLADENBORO	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		Previous Name (if applicable)
If "No," indicate the date of your move:			Voter Registration No. 910		Phone (optional) 874-0229
You must provide at least one identification number: NC License or ID Number [REDACTED] SSN [REDACTED]			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. BOX 778			City BLADENBORO	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

RECEIVED
SEP 07 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

9-6-18
Date

X
Date

USE THIS APPLICATION TO VOTE-BY-MAIL

381 of 2658



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Municipal on Nov. 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name BLACKMON		First Name JACQUELINE		Middle Name SUE	Suffix	
Home Address (NC Residential Address.) 410 5TH ST.				Mailing Address (If different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move:			Voter Registration No. 00000000 8227		Phone (optional)	Email (optional)
You must provide at least one identification NC license or ID Number						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 410 5th St.		City Bladenboro	State NC	Zip Code 28320
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable)

7-29-18 X
Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name BRIDGER	First Name AUDREY	Middle Name C	Suffix	Date of Birth
Home Address (NC Residential Address.) PO BOX 37		Mailing Address (If different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move:				
You must provide at least one identification NC License or ID Number SSN		Driver Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature _____ X	Signature of Near Relative/Guardian (if applicable) X _____ Date _____
----------------------	--

Visit www.ncsbe.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name BRIDGER	First Name DEWEY	Middle Name H	Suffix JR
Home Address (NC Residential Address.) PO BOX 37		Mailing Address (if different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: _____			
You must provide at least one identification: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Driver Registration No.	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City Bladenboro	State N.C.	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 11 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable) X	Date
---	------

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name BROWN		First Name FRANCES		Middle Name KINLAW	
Home Address (NC Residential Address.) 404 GRACE STREET				Mailing Address (If different than home address.)	
City BLADENTBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAM AS ABOVE		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
SEP 25 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

385 of 2658

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name BLUE	First Name MARY	Middle Name STOCKS	Suffix	Date of Birth
Home Address (NC Residential Address.) 315 FOREST DRIVE		Mailing Address (If different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification n		Voter Registration No. Optional		
		Phone (optional) Email (optional)		
		RECEIVED APR 13 2018		

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-5-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

386 of 2658

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name BUIE	First Name STEPHEN	Middle Name ALEXANDER
Home Address (NC Residential Address.) 315 FOREST DRIVE		Mailing Address (If different than home address.)
City BLADENBOR	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN
If "No," indicate the date of your move:		Previous Name (if applicable) RECEIVED
You must provide at least one identification number (NCL# or Driver's License #) X		Phone (optional) APR 13 2018
		TIME REC'D BY BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/6/2018 **X**
Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name BUTLER	First Name BILLY	Middle Name A
Home Address (NC Residential Address.) 413 S ASHE ST		Mailing Address (If different than home address.) P O BOX 344
City BLADENBORO	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN
If "No," indicate the date of your move: / /		Previous Name (if applicable) JULIE B. MARTIN
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Voter Registration No. 0000008335
		Phone (optional) BLADEN CO. 910-862-7820

RECEIVED

OCT 29 2018

Absentee Mailing Address (Where should the ballot be mailed?) 1000 Wesley Pines Rd		City Lumberton	State NC	Zip Code 28358
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: Wesley Pines Nursing Home				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name Julie B. Martin		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address PO Box 783 419 Ash St.		Name of Corporation (If appointed legal guardian)		
City Bladenboro	State NC	Zip Code 28320	Requestor's Phone 910-876-2339	Requestor's Email juliebmartin@yahoo.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Julie Martin 10.29.18

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Butler</u>		First Name <u>Billy</u>		Middle Name <u>A.</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>413 Ash St.</u>				Mailing Address (If different than home address.) <u>P.O. Box 344</u>			
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>				Voter Registration No.		Phone (optional)	
You must provide at least one identification number: NC License or ID Number		SSN <u>X</u>		Email (optional)			

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 344</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
<div style="text-align: right;"> RECEIVED APR 13 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS </div>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-12-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>Callihan</u>		First Name <u>Hiram</u>		Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>526 Kelly Rd</u>				Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]			Voter Registration No. Optional		Phone (optional)	Email (optional)
You must provide at least one identification number (NC License or ID Number) [REDACTED] X						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-8-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina Exhibit 4.2.3.1.2

Bladen County Board of Elections
P. O. BOX 512 390 of 2658
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>CLEWIS</u>		First Name <u>ROSALIE</u>		Middle Name <u>L</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>18945 NC 410 Hwy</u>				Mailing Address (if different than home address.)		
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX - [REDACTED]</u>			Voter Registration No.	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>18945 NC 410 Hwy</u>		City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Robert Dale Clewis</u> (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>18945 NC 410 Hwy</u>		Name of Corporation (if appointed legal guardian)		
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone <u>910 876 1662</u>	Requestor's Email <u>rdc@intrestan.net</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		RECEIVED OCT 23 2018	
Current Address (Address where you are currently stationed or living overseas.)		Transmit my ballot by: <u>TIME</u> <input checked="" type="checkbox"/> <u>EMAIL</u> <input type="checkbox"/> Fax <input type="checkbox"/> Email (Military/Overseas Voters Only) BLADEN CO. BD. OF ELECTIONS Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

X Robert Dale Clewis 10/20/18
Date Date

Go to [www.bladenco.org](#) to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Davis</u>		First Name <u>David</u>		Middle Name <u>Earl</u>	
Home Address (NC Residential Address.) <u>723 Martin Luther King</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
Provide at least one identification number: _____			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 221</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-5-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

RECEIVED
MAR 13 2018

Physical Address
501 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME _____ REC'D BY _____ PHONE: 910-862-6951
BLADEN CO. BD. OF ELECTIONS bladen@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Davis</u>	First Name <u>David</u>	Middle Name <u>Earl</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>723 Martin Luther King Jr Dr.</u>		Mailing Address (if different than home address.) [REDACTED]		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [REDACTED] SSN [REDACTED]		Voter Registration No. [REDACTED]		
		Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-9-18
Date

X

Date

201



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Dove		First Name cindy		Middle Name B	Suffix
Home Address (NC Residential Address.) 4471 old Abbottsburg Rd				Mailing Address (if different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
[Redacted] on number below. (or see instructions)			Voter Registration No.	Phone (optional)	Email (optional)
SSN X X X - X X					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO Box 573		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name Terry L Dove		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address 4471 old Abbottsburg Rd		Name of Corporation (if appointed legal guardian)		
City Bladenboro	State NC	Zip Code 28320	Requestor's Phone 910-840-0728	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently residing (if overseas).)		Fax Number or Email Address	

RECEIVED

26 2018

REC'D BY
BD. OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

Terry L Dove 7/10/17



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

SEP 21 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

394 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

201
Cheryl

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Edwards</u>		First Name <u>Gladys</u>		Middle Name <u>Jane</u>	
Home Address (NC Residential Address.) <u>314 5th Street</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number <u>XX</u>		Registration No. Optional		Phone (optional) Email (optional)	

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1091</u>				City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address				Name of Corporation (If appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-18-18 X

Date

Date



State Absentee Ballot Request Form
North Carolina
RECEIVED
SEP 21 2018

Exhibit 4.2-3.4.2

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

395 of 2658

201
cheer

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Edwards</u>		First Name <u>W.</u>		Middle Name <u>J.</u>	
Home Address (NC Residential Address.) <u>314 5th St.</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladen</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move:		You must provide at least one identification number NC License or ID Number <u>X</u> SSN <u>X</u>		Voter Registration No. Optional	
				Phone (optional)	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1691</u>		City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
		Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	
				Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name EVANS		First Name OTIS		Middle Name MITCHELL	
Home Address (NC Residential Address.) 14970 NC 242 HWY S				Mailing Address (If different than home address.) PO Box 1076	
City BLADENBORO	State NC	Zip Code 28320	City BLADENBORO	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC State ID, or U.S. Social Security Number)			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO Box 1076		City BLADENBORO	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 04 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

07/31/2018

Date

X

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on 11-6- [REDACTED]
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name HARGROVE		First Name JAMES		Middle Name DEROTHA		Suffix [REDACTED]	
Home Address (NC Residential Address.) 1915 FORREST DR.				Mailing Address (If different than home address.)			
City BLADENBORO		State NC	Zip Code 28320	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence BLADEN		Previous Name (if applicable)	
If "No," indicate the date of your move:				Registration No.		Phone (optional)	
You must provide at least one identification NC License or ID Number X				Email (optional)			

Absentee Mailing Address (Where should the ballot be mailed?) JAMES DEROTHA HARGROVE		City BLADENBORO		State N.C.	Zip Code 28321
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. 1915 Forrest Drive <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> sibling <input type="checkbox"/> son-in-law <input type="checkbox"/> father-in-law			
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
City		State	Zip Code	Requestor's Phone	
				Name of Corporation (if appointed near guardian)	
				[REDACTED]	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable)

10-4-18 **X**

Date

Date

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: 2018 General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name HARGROVE	First Name LINDA	Middle Name PAIT	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 1915 FORREST DR.		Mailing Address (if different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification: NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/> Other <input type="checkbox"/>		Voter Registration No. 000000000000000000 Phone (optional) Email (optional)		

Absentee Mailing Address (Where should the ballot be mailed?) 1915 Forrest Dr.		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian <input type="checkbox"/> other-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		Name of Corporation (if applicable)		
City	State	Zip Code	Requestor's Phone (IME) Requestor's Email	
		BLADEN CO. BD. OF ELECTIONS		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-4-18 X

Date

Date

V2013.11

to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name HESTER		First Name EDWARD		Middle Name SPENCER	
Home Address (NC Residential Address.) 502 5th STREET				Mailing Address (If different than home address.) PO BOX 1017	
City BLADENBORO	State NC	Zip Code 28320	City BLADENBORO	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
Previous Name (if applicable)					
If "No," indicate the date of your move:					
You must provide at least one identification number: NC License or ID Number		SSN		Voter Registration No. Optional	
[REDACTED]		[REDACTED]		Phone (optional)	
[REDACTED]		[REDACTED]		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 1017		City BLADENBORO	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
<div style="text-align: right;"> RECEIVED SEP 25 2018 TIME _____ REC'D BY _____ BLADEN CO. BD. OF ELECTIONS </div>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/4/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>HESTER</u>		First Name <u>EVELINA</u>		Middle Name <u>SMITH</u>	
Home Address (NC Residential Address.) <u>502 5th STREET</u>				Mailing Address (If different than home address.) <u>P.O. Box 1017</u>	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Voter Registration No. Optional		Phone (optional)	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1017</u>		City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

SEP 25 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/4/18

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

201

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-2018
Election Type (Primary/General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>NANCE</u>		First Name <u>Billy</u>		Middle Name <u>Steve</u>		Suffix	
Home Address (NC Residential Address) <u>112 Grace Street</u>				Mailing Address (If different than home address.) <u>SAME</u>			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1-</u>							
You must provide at least one identification number below. (or see instructions)				Voter Registration No.		Phone (optional)	
NC License or ID Number <u>XXXX</u>						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be sent?) <u>SAME AS ABOVE</u>		State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
City		State	Zip Code
Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

RECEIVED
MAR 26 2018
TIME REC'D BY
BD. OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

12-30-17 X

Date

Date

visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 04 2018

EXHIBIT 4.2.3.1.2

402 of 2658

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____

BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 5, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Nardi</u>		First Name <u>Betty</u>		Middle Name <u>J</u>	
Home Address (NC Residential Address.) <u>200 Village St</u> City: <u>Bladenboro</u> State: <u>NC</u> Zip Code: <u>28320</u>				Mailing Address (If different than home address.) <u>14 A</u> City: _____ State: _____ Zip Code: _____	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number: _____ SSN: <u>X X X - X X</u>				Voter Registration No. Optional	
				Phone (optional)	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City		State		Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address		Name of Corporation (if appointed legal guardian)					
City		State		Zip Code		Requestor's Phone	
						Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name MERRITT		First Name DIANE		Middle Name HAYES	
Home Address (NC Residential Address.) 99 TRIPLE LANE DR				Mailing Address (if different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: / /			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. 00000009003	Phone (optional)	Email (optional)

RECEIVED
OCT 18 2018
TIME REC'D BY
BLADEN CO. BD OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City		
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			State BLADEN CO. BD OF ELECTIONS		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on Nov 2018
 Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>MERRITT</u>	First Name <u>Diane</u>	Middle Name <u>H</u>	Suffix	Date of Birth [REDACTED]	
Home Address (NC Residential Address.) <u>99 Triple Ln</u>			Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			County of Residence <u>Bladen</u> (If different than applicable)		
If "No," indicate the date of your move: [REDACTED]			TIME REC'D BY: [REDACTED]		
You must provide at least one identification number (NC [REDACTED])			Voter Registration No. [REDACTED] Phone (optional) [REDACTED] Email (optional) [REDACTED]		

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>99 Triple Ln</u>		City <u>Bladenboro</u>	State <u>NC</u>
		Zip Code <u>28320</u>	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a <i>partisan</i> primary, choose a <i>primary</i> ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 405 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name PERRETT		First Name JUDY		Middle Name VANN	
Home Address (NC Residential Address.) 509 EAST POPLAR STREET				Mailing Address (If different than home address.) PO BOX 742	
City BLADENBORO	State NC	Zip Code 28320	City BLADENBORO	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [REDACTED] SSN [REDACTED]			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO BOX 742		City BLADENBORO	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email
<div style="text-align: center;"> RECEIVED SEP 25 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS </div>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6/27/2018 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL

on

11/06/18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information:

Last Name <u>RUSS</u>	First Name <u>CELIA</u>	Middle Name <u>DENT (PENE)</u>	Suffix <u>MS</u>
Home Address (NC Residential Address.) <u>1312 W. SEABOARD ST.</u>		Mailing Address (if different than home address.) <u>PO Box 907</u>	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>BLADENBORO</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/18</u>			
Voter Registration No. <u>XXXXXXXXXX</u>		Phone (optional) <u>RECEIVED</u>	
		<u>OCT 16 2018</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>93 PHILLIPS ST.</u>	City <u>BARNWELL</u>	State <u>SC</u>	Zip Code <u>29812</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name <u>BEN E. KINLAW</u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input checked="" type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>93 PHILLIPS ST.</u>	Name of Corporation (if appointed legal guardian)		
City <u>BARNWELL</u>	State <u>SC</u>	Zip Code <u>29812</u>	Requestor's Phone <u>803-450-4156</u>
			Requestor's Email <u>BEKINLAW@GMAIL.COM</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

11/06/18

FAX



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 183 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the:

GENERAL

on

11/06/18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Russ	First Name CURTIS	Middle Name CLINTON	Suffix Mr
Home Address (NC Residential Address.) 1312 W. SEABOARD ST.		Mailing Address (if different than home address.) PO Box 907	
City BLADENBORO	State NC	Zip Code 28320	City BLADENBORO
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
Voter Registration No. XXXXXXXXXX		Phone (optional)	RECEIVED OCT 16 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 913 PHILLIPS ST.		City BARNWELL	State SC	Zip Code 29812
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name BEN E. KINLAU		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input checked="" type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address 913 PHILLIPS ST.		Name of Corporation (if appointed legal guardian)		
City BARNWELL	State SC	Zip Code 29812	Requestor's Phone 803.450.4156	Requestor's Email BKINLAU@JMAIL.COM

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

11/6/18

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 408 of 2658
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

201

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Skinner</u>		First Name <u>Barbara</u>		Middle Name <u>Pat</u>	Suffix
Home Address (NC Residential Address.) <u>418 Ashe street</u>			Mailing Address (If different than home address.) <u>P.O. Box 131</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1-</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 131</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Phone		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Email		Name of Corporation (if appointed legal guardian)		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.) <u>MAR 26 2018</u>		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable) <u>11-3-18</u> Date	<u>X</u> Date
---	------------------



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Storms</u>		First Name <u>Willard</u>		Middle Name [REDACTED]	
Home Address (NC Residential Address.) <u>2434 Guyton Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28310</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [REDACTED] SSN [REDACTED]			Voter Registration No. [REDACTED]		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	TIME _____ REC'D BY _____ BLADEN CO. CLERK OF ELECTIONS	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-16-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hester</u>	First Name <u>Patricia</u>	Middle Name <u>Lynn</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>416 Butlers Cemetery Road</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (If applicable)	
If "No," indicate the date of your move:		<div style="text-align: center;"> RECEIVED MAR 27 2018 </div>		
You must provide at least one identification number (NCL#)		Voter Registration No. Optional	Phone (optional) TIME	Email (optional) REC'D BY BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-12-18
 Date

X

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-06-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name WILKINS		First Name KENNETH		Middle Name G	Suffix SR	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 1755 BERRY LEWIS RD.				Mailing Address (If different than home address.) [REDACTED]		
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)		
If "No," indicate the date of your move: [REDACTED]			[REDACTED]			
You must provide at least one identification: NC License [REDACTED] SSN [REDACTED] <input checked="" type="checkbox"/> X			Voter Registration No. [REDACTED]	Phone (optional) [REDACTED]	Email (optional) [REDACTED]	

RECEIVED
OCT 11 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1755 BERRY LEWIS RD.		City BLADENBORO	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix) [REDACTED]		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address [REDACTED]		Name of Corporation (If appointed legal guardian) [REDACTED]		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address [REDACTED]

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

10-05-2018 X
Date

Date

Go to sbe.gov to check your voter registration or absentee voting status.

SEE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name WHITE	First Name BILLY	Middle Name FAYE			
Home Address (NC Residential Address.) 11849 NC 211 HWY W			Mailing Address (If different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: / /			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			Voter Registration No. 00000009291	Phone (optional) 910-863-2015	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 11849 NC Hwy. W.		City Bladenboro	State N.C.	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/25/2018
Date

X

Date

202



State Absentee Ballot Request Form

North Carolina

RECEIVED

2018

CUMBERLAND COUNTY BOARD OF ELECTIONS
227 FOUNTAINHEAD LANE
WAYETTEVILLE, NC 28301
PHONE: 910-678-7733 FAX: 910-678-7738
elections@co.cumberland.nc.us

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary on 3/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name AKINS		First Name EARLINE		Middle Name N/A	
Home Address (NC Residential Address.) 1003 BUTLER MILL RD				Mailing Address (If different than home address.)	
City BLADENBORO		State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Previous Name (if applicable)	
If "No," indicate the date of your move: / /					
You must provide at least one identification number: NC License or ID Number		SSN	Registration No.	Phone (optional)	Email (optional)
X					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE				City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

2-28-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910 862 6951

FAX: 910 862 7820

elections@bladen-nc.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Atkinson	First Name Barbara	Middle Name Jo	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 318 North Main St.		Mailing Address (if different than home address) P.O. Box 323		
City Bladenboro	State N.C.	Zip Code 28320	City Bladenboro	State N.C.
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladenboro		
If "No," indicate the date of your move: 1/1/18		Previous Name (if applicable)		
Voter Registration No. [REDACTED]		Phone () [REDACTED]		

RECEIVED

APR 13 2018

Absentee Voting Information

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 323		City Bladenboro	State N.C.	Zip Code 28320
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-12-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on May 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bellamy</u>	First Name <u>John</u>	Middle Name <u>Charlton</u>	[REDACTED]		
Home Address (NC Residential Address.) <u>162 Bellamy Rd</u>			Mailing Address (If different than home address.) <u>same</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>[REDACTED]</u>	Registration No.	Phone	Email
<input checked="" type="checkbox"/> X					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

OR Signature of Near Relative/Legal Guardian (if applicable)

D3-16-18 X

Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name BOWEN		First Name ULDEAN		Middle Name FAYE	
Home Address (NC Residential Address.) 300 LUTHER BRISSON ROAD				Mailing Address (If different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification n NC License or ID Number		SSN		Water Registration No. Optional	Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same As Above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 10 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

 Date _____



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cain</u>	First Name <u>Evelyn</u>	Middle Name <u>Merritt</u>	Suffix <u>MS</u>
Home Address (NC Residential Address.) <u>811 W. Seaboard St.</u>		Mailing Address (If different than home address.) [REDACTED]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>		Voter Registration No.	Phone (optional) <u>910 863-4691</u>
[REDACTED] SSN <u>XXX - XX - [REDACTED]</u>		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>811 W. Seaboard St.</u>	City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name <u>DONNA KELLY</u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>4508 DAKCLIFFE RD</u>	Name of Corporation (If appointed legal guardian)		
City <u>Greensboro</u>	State <u>NC</u>	Zip Code <u>27406</u>	Requestor's Phone <u>336 908 5089</u>
		Requestor's Email <u>d23986@aol.com</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-25-18 X Donna Kelly (POA) 9-25-18
Date Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name CALLIHAN	First Name CHARLES	Middle Name WAYNE
Home Address (NC Residential Address.) 16244 NC 131 HWY		Mailing Address (If different than home address.)
City BLADENBORO	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number [REDACTED] SSN [REDACTED]		Phone (optional)
Voter Registration No. Optional		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same As Above	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

RECEIVED

SEP 25 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-09-2018

X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name DAVIS	First Name EPHRIAM	Middle Name N	Suffix JR		
Home Address (NC Residential Address.) 137 DAVIS CEMETARY DR.			Mailing Address (If different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number [Redacted]			Voter Registration No. Optional	Phone (optional)	Email (optional)

RECEIVED

OCT 11 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	TIME	REC'D BY	Zip Code
				BLADEN CO. BO. OF ELECTIONS	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: _____					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name Geraldine O. Davis		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address 137 Davis Cemetery RD.		Name of Corporation (if appointed legal guardian)			
City Bladenboro	State NC	Zip Code 28320	Requestor's Phone 910-648-8764	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable) X Geraldine O. Davis	Date
--	------

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

INTENTIONALLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Davis	First Name Sankie	Middle Name Marie			
Home Address (NC Residential Address.) 131 Bladenboro Airport Rd			Mailing Address (If different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (e.g., Driver's License, NC ID, etc.)			Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 131 Bladenboro Airport Rd.		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 24 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/2/18
Date

X

Date

Ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
BE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 13 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME REC'D BY PHONE: 910-862-6951
BLADEN CO. BD. OF ELECTIONS elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on 5/8/18
Election Date

Voter Information

Last Name <u>Davis</u>		First Name <u>SanKie</u>		Middle Name <u>Marie</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>131 Airport Road</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28330</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence	
If "No," indicate the date of your move: [REDACTED]				Previous Name (if applicable)	
You must provide at least one identification number (NC License or ID Number, etc.) [REDACTED]				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

Date

40



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name MELVIN		First Name DORETTA		Middle Name N/A	Suffix MRS
Home Address (NC Residential Address.) 222 TURTLE CREEK DR				Mailing Address (If different than home address.)	
City WHITE LAKE	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 222 TURTLE CREEK DR		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-23-18 **X**

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Primary on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>DOVE</u>		First Name <u>Bettye</u>		Middle Name <u>Marie</u>	Suffix <u>Benton</u>	Date of Birth
Home Address (NC Residential Address.) <u>878 Guyton Rd.</u>				Mailing Address (if different than home address.) <u>SAME</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City			
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		Phone (optional)	Email (optional)
NC License or ID Number [REDACTED]			SSN <u>X X X - X X -</u>		<u>910.648.4784</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Bettye Dove - 878 Guyton Rd.</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
<div style="text-align: right;"> RECEIVED OCT 24 2018 TIME _____ REC'D BY _____ BLADEN CO. BD. OF ELECTIONS </div>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)
X
Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

Exhibit 12.1.2
North Carolina

Bladen County Board of Elections
P. O. BOX 512 424 of 2658
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Primary on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>DOVE</u>		First Name <u>Billy</u>		Middle Name <u>McCray</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>878 Guyton Rd</u>				Mailing Address (if different than home address.) <u>SAME</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladen</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.	Phone (optional)	Email (optional)
SSN <u>[REDACTED]</u> X X X - X X - [] [] []				<u>648-4787</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Billy M Dove 878 Guyton Rd</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Betty B. Dove</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>878 Guyton Rd</u>		Name of Corporation (If appointed legal guardian)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone <u>910-648-4787</u>	Requestor's Email TIME REC'D BY BLADEN CO. BO. OF ELECTIONS

RECEIVED
OCT 24 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable)

X Betty B Dove

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1-2

TO: BLADEN COUNTY BOARD OF ELECTIONS

425 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name	First Name	Middle Name
EDWARDS	MONNIE LEE	COX
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)
215 BUTLER MILL ROAD		
City	State	Zip Code
BLADENBORO	NC	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		BLADEN
You must provide at least one identification number: NC License or ID Number SSN		Previous Name (if applicable)
Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
SAME AS ABOVE			
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
	RECEIVED		
City	State	Zip Code	Requestor's Phone
			Requestor's Email
			SEP 25 2018
			TIME REC'D BY
			BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date

7-30-18



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

p 202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Edwards</u>		First Name <u>Stephen</u>		Middle Name <u>W</u>	
Home Address (NC Residential Address.) <u>10849 HWY 242</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28330</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification: NC License or ID Number			Voter Registration No. (Optional)		
SSN <u>X</u>			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

My Address
201 Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

RECEIVED
MAR 13 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

PHONE: 910-862-6951 FAX: 910-862-7802

bladenboe@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Edwards</u>		First Name <u>Steve</u>		Middle Name <u>W</u>	
Home Address (NC Residential Address.) <u>10879 Hwy 242</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN		Registration No. Optional	Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable):

1-10-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name Hester	First Name Annis	Middle Name Britt	[REDACTED]		
Home Address (NC Residential Address.) 407 Anne St			Mailing Address (if different than home address.) PO Box 611		
City Bladenboro	State NC	Zip Code 28320	City Bladenboro	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1-1-18			Previous Name (if applicable) RECEIVED		
You must provide at least one identification number NC License or ID Number X X		SSN [REDACTED]	Registration No.	Phone	Email MAR 27 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO Box 611		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

OR Signature of Near Relative/Legal Guardian (if applicable)

3-28-18 X
Date

Date

to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202
W

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name HESTER	First Name GENIA	Middle Name LUPO
Home Address (NC Residential Address.) 6608 SUNSET PARK ROAD		Mailing Address (if different than home address.)
City BLADENBORO	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number [REDACTED] SSN [REDACTED]		Voter Registration No. [REDACTED] Optional Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: [REDACTED]			
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

RECEIVED

SEP 25 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/16/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hester</u>	First Name <u>Harold</u>	Middle Name <u>Edward</u>
Home Address (NC Residential Address.) <u>407 Anne St.</u>		Mailing Address (if different than home address.) <u>P.O. Box 611</u>
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)
You must provide at least one identification number (SSN, Driver's License, etc.) <u>[Redacted]</u> <input checked="" type="checkbox"/> <u>[Redacted]</u>		Phone (optional)
Driver Registration No. (Optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/3/18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

May 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Hester</u>	First Name <u>Harold</u>	Middle Name <u>Edward</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>407 Anne St.</u>		Mailing Address (If different than home address.) <u>PO Box 611</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable) RECEIVED
If "No," indicate the date of your move: <u>1-1-18</u>		Registration No.	Phone
You must provide at least one identification number: NC License or ID Number <u>SSN</u> <u>X X</u>		Email <u>MAR 27 2018</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 611</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

OR

Signature of Near Relative/Legal Guardian (if applicable)

3-8-18 X

Date

Date

Go to www.bladenco.org to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Hester</u>	First Name <u>Stephen</u>	Middle Name <u>Alvin</u>
Home Address (NC Residential Address.) <u>12353 Hwy 131</u>		Mailing Address (if different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Registration No. (Optional)
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
<p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference:</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan</p>			
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<p>If "Yes," what is the name and address of the hospital or facility:</p>			
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>			
Requestor's Name <u>Stephen Hester</u>	<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>12353 Hwy 131</u>	Name of Corporation (if appointed legal guardian)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone <u>910 671 6717</u>
Requestor's Email			

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

<p>Select one of the options below to qualify as a military or overseas voter:</p> <p><input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.</p> <p><input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely</p>	
Current Address (Address where you are currently stationed or living overseas.)	<p>Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email</p> <p>Fax Number or Email Address</p>

Signature of Near Relative/Legal Guardian (if applicable)

10-22-18
Date

X

Date

State Absentee Ballot Request Form
North CarolinaTO: Bladen County Board of Elections
P.O. Box 512
Elizabethtown NC 28337

MAR 13 2018

E: 910-862-6951 FAX: 910-862-7820
elections@bladenco.orgTIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hester</u>	First Name <u>Wendy</u>	Middle Name <u>Darrel</u>	Suffix [Redacted]		
Home Address (NC Residential Address.) <u>371 Sunset Park Road</u>		Mailing Address (If different than home address.) <u>P.O. Box 1267</u>			
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XX</u>		SSN <u>[Redacted]</u>	Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1267</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1-03-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Election*

Voter Information

Last Name Horne		First Name Esau		Middle Name	
Home Address (NC Residential Address.) 806 Martin Luther King				Mailing Address (If different than home address.)	
City Bladenboro	State N	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC license or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 727		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-7-18

X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

EXHIBIT 4.2.3.1.2

435 of 2658



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name JOHNSON		First Name LYNARD		Middle Name A	Suffix
Home Address (NC Residential Address.) 1897 CABBAGE RD.				Mailing Address (if different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen	Previous Name (if applicable)	
If "No," indicate the date of your move:			Registration No. Optional	Phone (optional) 910 648 4756	Email (optional)
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>					

Absentee Mailing Address (Where should the ballot be mailed?) 1897 Cabbage Rd			City Bladenboro	State NC	Zip Code 28320
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable)

X Laura Johnson 9/28/18
Date

ter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 13 2018

Bladen County Board of Elections

PO BOX 512

Bladenboro NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

REC'D Bladen County Board of Elections

BLADEN CO. BO. OF ELECTIONS

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Long	Donald	Winfred	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
9933 NC 242 Hwy South		Same	
City	State	Zip Code	City
Bladenboro	NC	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>1-1-</u>		Bladen	
You must provide at least one identification number: NC License or ID Number		Registration No.	Phone (optional)
SSN <u>XX</u>			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
Same as above				
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature	Signature of Near Relative/Legal Guardian (if applicable)
X	X
12-30-17	
Date	Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Ludlum</u>		First Name <u>Mildred</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>11408 Center Rd.</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one identification number below. (or see instructions)			Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number	SSN		Optional		
	<u>X X X - X X</u>				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently residing or living overseas.) <u>MAR 26 2018</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

3-22-18
Date

X Steve D. Ludlum
Date

3-22-18
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Mote</u>	First Name <u>Elmer</u>	Middle Name <u>E.</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>1004 Storms Road</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (If applicable) <u>[REDACTED]</u>
If "No," indicate the date of your move: <u>1/1/</u>		RECEIVED OCT 11 2018	
You must provide at least one identification number below. (or see instructions) NC License <u>[REDACTED]</u> <u>XX - XX</u> <u>[REDACTED]</u>		Voter Registration No. Optional <u>[REDACTED]</u>	Phone (optional) TIME <u>[REDACTED]</u> REC'D BY <u>BLADEN CO. BD. OF ELECTIONS</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1004 Storms Road</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-6-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Mote</u>	First Name <u>Elm Linda</u>	Middle Name <u>H</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>1004 Storms Road</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable) RECEIVED OCT 11 2018
If "No," indicate the date of your move: <u>[REDACTED]</u>		Driver Registration No. (Optional) <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
You must provide at least one identification number NC License <u>[REDACTED]</u>		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1004 Storms Road</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/6/2018 X
Date

Date



State Absentee Ballot Request

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7802

elections@bladenco.org

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

MAR 13 2018

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Nance</u>		First Name <u>Nickson</u>		Middle Name <u>S</u>	
Home Address (NC Residential Address.) <u>10107 Hwy 131</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC L...)			Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother /sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-15-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

RECEIVED
OCT 03 2018
TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>SMITH</u>	First Name <u>TED</u>	Middle Name <u>ROLAND</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>11502 Center Road</u>		Mailing Address (If different than home address.) [REDACTED]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City [REDACTED]
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/18</u>			
You must provide at least one identification number: NC License or ID Number <u>XX XX</u>		Registration No.	Phone (optional) [REDACTED]
		Email (optional) [REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>11502 Center Road</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only)
Current Address (Address where you are currently stationed or living overseas.)	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

6-15-18 X

Date

Date

202
wit

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name STORMS	First Name WILMA	Middle Name D
Home Address (NC Residential Address.) 2385 GUYTON ROAD		Mailing Address (If different than home address.)
City BLADENBORO	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number: [REDACTED] SSN: [REDACTED]		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

SEP 25 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax	<input type="checkbox"/> Email
	Fax Number or Email Address			

Signature of Near Relative/Legal Guardian (if applicable)

8/20/2018 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Thompson</u>		First Name <u>Bonnie</u>		Middle Name <u>Hales</u>	
Home Address (NC Residential Address.) <u>2005 Horse Shoe Rd.</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. Optional		
			Phone (optional) <u>910-150-1501</u>		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-4-18
Date

X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Wright		First Name Joanne		Middle Name F	Suffix [REDACTED]
Home Address (NC Residential Address.) 6028 Marsh Rd			Mailing Address (If different than home address.) [REDACTED]		
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number [REDACTED]			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-28-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>WRIGHT</u>	First Name <u>JOANNIE</u>	Middle Name <u>FOX</u>
Home Address (NC Residential Address.) <u>6028 MARSH ROAD</u>		Mailing Address (If different than home address.)
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Phone (optional)
Voter Registration No. Optional		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

SEP 25 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Sign

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name INRIGHT		First Name JOANNE		Middle Name FOX		Suffix	Date of Birth
Home Address (NC Residential Address.) 6028 MARSH ROAD				Mailing Address (if different than home address.)			
City Bladenboro		State NC	Zip Code 28320	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence BLADEN		Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____							
You must provide at least one identification number below. (or see instructions) NC ID: [REDACTED] X X - X [REDACTED]				Voter Registration No. Optional		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently residing (if overseas))	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

TIME REC'D BY

Sign

X

Signature of Near Relative/Legal Guardian (if applicable)

3/25/18

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2

447 01 2656



State Absentee Ballot Request Form North Carolina

RECEIVED

OCT 05 2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General
BLADEN CO. BD. OF ELECTIONS
Election Type (Primary, General, Municipal, Special, etc.)

on Nov. 5, 2018
Election Date

Voter Information

Last Name ADAMS	First Name FRANCES	Middle Name GOODEN	Suffix
Home Address (NC Residential Address.) 5725 NC HIGHWAY 242 S.		Mailing Address (if different than home address.)	
City ELIZABETHTOWN	State NC	Zip Code 28337	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	
If "No," indicate the date of your move: / /		Previous Name (if applicable)	
You must provide at least one identification NC License or ID Number SSN X		Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 5725 NC Highway 242 S. Elizabethtown		State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: Etown Nursing Center, Elizabethtown, NC			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name Debra Adams Foster		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address 7097 Twisted Hickory Rd.		Name of Corporation (if appointed legal guardian)	
City Elizabethtown	State NC	Zip Code 28337	Requestor's Phone 910 645 4265
		Requestor's Email N/A	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Guardian (if applicable)

X Debra Adams Foster, POA 9/29/18

E.gov to check your voter registration or absentee voting status.

SEE FOR ADDITIONAL INFORMATION



501

State Absentee Ballot Request Form
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**I am requesting an absentee ballot for the: Primary on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>ADAMS</u>		First Name <u>FRANLES</u>		Middle Name <u>GOODEN</u>	
Home Address (NC Residential Address.) <u>5725 N.C. Hwy 242 South</u>				Mailing Address (If different than home address.)	
City <u>ELIZABETHTOWN</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>BLADEN</u>	
If "No," indicate the date of your move: <u>1-1-18</u>				Previous Name (if applicable)	
You must provide at least one identification NC License or ID Number <u>X</u>		SSN <u>[REDACTED]</u>		oter Registration No.	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>5725 N.C. Hwy 242 South</u>		City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 149 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lomax</u>		First Name <u>Katherine</u>		Middle Name <u>Melrose</u>	
Home Address (NC Residential Address.) <u>1612 Greenwood St.</u>				Mailing Address (If different than home address.) <u>P.O. Box 957</u>	
City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 957</u>		City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 22 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-19-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bell</u>	First Name <u>Hope</u>	Middle Name <u>Williams</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>107 N. Marvin St.</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>[REDACTED]</u>			
You must provide at least one identification number NC <u>[REDACTED]</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>107 N. Marvin St.</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 451 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name
BRYAN	RICHARD	LEE
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)
12796 NC 131 HWY		
City	State	Zip Code
BLADENBORO	NC	28320
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		BLADEN
You must provide at least one identification number: NC License or ID Number SSN		Previous Name (if applicable)
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
Same as Above				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-10-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Campbell</u>		First Name <u>Luel</u>		Middle Name <u>- n m n -</u>	
Home Address (NC Residential Address.) <u>807 Fox - PO Box 1164</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
Previous Name (if applicable)					
If "No," indicate the date of your move:					
You must provide at least one identification number (NC Driver's License, NC ID Card, or NC Voter Registration No.)			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1164</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>RECEIVED</u>	<input type="checkbox"/> spouse	<input type="checkbox"/> brother /sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address <u>MAY 01 2018</u>	Name of Corporation (If appointed legal guardian) <u>RECEIVED</u>			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED**AUG 17 2018**
 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Clemmons</u>		First Name <u>Blanchie</u>		Middle Name [REDACTED]	
Home Address (NC Residential Address.) <u>1209 Martin Luther King Dr</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move:			[REDACTED]		
You must provide at least one identification number [REDACTED]			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (if applicable) [REDACTED]	Signature of Near Relative/Legal Guardian (if applicable) <u>[Signature]</u>
Date	Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Elect*

Voter Information

Last Name <u>Corbett</u>		First Name <u>James</u>		Middle Name <u>Lloyd</u>	
Home Address (NC Residential Address.) <u>706 MLK Drive</u>				Mailing Address (If different than home address.) <u>P.O. Box 92</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>[Redacted]</u>			Previous Name (if applicable)		
You must provide at least one identification n NC License or ID Number <u>[Redacted]</u>			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 92</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Andie Jacobs

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Davis</u>	First Name <u>Hilda</u>	Middle Name <u>Gay</u>	Suffix <u>Ms</u>
Home Address (NC Residential Address.) <u>4751 Marsh Rd.</u>		Mailing Address (If different than home address.) <u>Same</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move:			
You must provide at least one identification number (NC License, Driver's License, etc.) <u>[Redacted]</u>		Voter Registration No. (Optional)	Phone (optional) <u>910-876-2579</u>
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>4751 Marsh Rd.</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

RECEIVED

OCT 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sig

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Davis</u>		First Name <u>Kenneth</u>		Middle Name <u>Gordon</u>	Suffix <u>Mr</u>
Home Address (NC Residential Address.) <u>4751 Marsh Rd.</u>				Mailing Address (if different than home address.) <u>Same</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC license or ID Number <u>[REDACTED]</u>		SSN <u>X X</u>	Driver Registration No. Optional	Phone (optional) <u>910-876-2931</u>	Email (optional) <u>kgdavis@intristar.net</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>4751 Marsh Rd.</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 17 2018
 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/17/18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
NOV 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Puporee</u>		First Name <u>Kathline</u>		Middle Name	
Home Address (NC Residential Address.) <u>304 Emma St</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

0/15/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

AUG 22 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Elect

Voter Information

Last Name <u>Goodwin</u>	First Name <u>Julia</u>	Middle Name <u>H</u>		
Home Address (NC Residential Address.) <u>404 Woodland Dr.</u>		Mailing Address (If different than home address.) <u>PO Box 1054</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u> Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [Redacted]		Previous Name (if applicable)		
You must provide at least one identification [Redacted]		Voter Registration No. [Redacted]		
		Phone (optional)		
		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1054</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

 8-11-18
 Date

X

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

459 of 2658



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov. 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name HAMILTON		First Name DAISY		Middle Name BELLE		Suffix	
Home Address (NC Residential Address.) 915 M AND M ST.				Mailing Address (If different than home address.)			
City ELIZABETHTOWN		State NC	Zip Code 28337	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move:				Registration No.		Phone (optional)	Email (optional)
You must provide at least one identification: NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>				Optional			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 915 M+M Street		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if corporation is requesting)		
City	State	Zip Code	Requestor's Phone	

RECEIVED

OCT 12 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

10-7-18
Date

X
Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

SDI

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 5, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name

Hatcher

First Name

Barbara

Middle Name

A

Home Address (NC Residential Address.)

109 Glenwood Drive

Mailing Address (If different than home address.)

City

Elizabethtown

State

NC

Zip Code

28337

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move:

You must provide at least one identification

NC License or ID Number

SSN

X

Voter Registration No.

Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

P.O. Box 2131

City

Elizabethtown

State

NC

Zip Code

28337

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.☐ Democratic☐ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse☐ brother/sister☐ parent☐ grandparent☐ stepparent☐ child☐ grandchild☐ stepchild☐ mother-in-law☐ father-in-law☐ son-in-law☐ daughter-in-law☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

7-30-18

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6,
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name <u>HENRY</u>		First Name <u>LORINE</u>		Middle Name <u>G</u>	
Home Address (NC Residential Address.) <u>803 moultrie LANE</u>				Mailing Address (If different than home address.) <u>P.O. BOX 2094</u>	
City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable)		
You must provide at least one identification number NC License <u>[REDACTED]</u>			Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. BOX 2094</u>		City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
If voter is registered as <u>Democratic</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

8-16-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Henry</u>	First Name <u>Lorine</u>	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>803 Moultrie Lane</u>		Mailing Address (If different than home address.) <u>P.O. Box 2094</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
Voter Registration No. [REDACTED] X X - X X - [REDACTED]		Phone (optional) <u>910-247-6056</u>		
Email (optional)				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 2094</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-7-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

 TIME REC'D BY
 BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>McKoy</u>		First Name <u>Selena</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>1209 ML King Dr.</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NCL#)			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-3-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladen.org

RECEIVED

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on TIME REC'D BY
Election Type (Primary, General, Municipal, Special, etc.) BLADEN CO. BO. OF ELECTIONS.
Election Date

Voter Information

Last Name <u>Kelly</u>		First Name <u>Lillie</u>		Middle Name <u>F</u>	
Home Address (NC Residential Address.) <u>1202 Daisy St</u>				Mailing Address (If different than home address.) <u>PO Box 1372</u>	
City <u>E'TOWN</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u>E'TOWN</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one identification number NC License or ID Number		SSN <u>X X X</u>	Registration No. <u>910-316-9795</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1372</u>		City <u>E'TOWN</u>		State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>Tonya D. McDowell</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>PO Box 1372</u>		Name of Corporation (if appointed legal guardian)			
City <u>E'TOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910-316-9795</u>	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable)

x Tonya McDowell 10-10-2018
Date

Go to www.nc.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
KINLAW	DEBRA	WARD	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
7961 NC 242 HWY. S.			
City	State	Zip Code	City
BLADENBORO	NC	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: _____		BLADEN	
You must provide at least one identification: NC License or ID Number _____		Registration No.	Phone (optional)
X			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: _____			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
(First) (Middle) (Last) (Suffix)	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

X

Date

Date

BE.gov to check your voter registration or absentee voting status.

SEE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

p 501

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Winlaw</u>		First Name <u>Patricia</u>		Middle Name	
Home Address (NC Residential Address.) <u>578 Happy Valley</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification number NC License or ID Number		SSN	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City <u>OCT 15 2018</u>	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Stuart Neil Murphy</u>		<input type="checkbox"/> spouse <input checked="" type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>3512 NC 242 S</u>		Name of Corporation (If appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Stuart Neil Murphy 9/6/18
Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Leinwand</u>	First Name <u>S Hirley</u>	Middle Name <u>Gintel</u>			
Home Address (NC Residential Address.) <u>2206 Second Ave</u>		Mailing Address (if different than home address.) <u>P.O. Box 756</u>			
City <u>Elizabeth town</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City <u>Elizabeth town</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number SSN <u>X X</u>			Registration No. <u>862-3772</u>		
			Phone (optional) <u>862-3772</u>		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.				
Requestor's Name <u>Richard A Leinwand</u>	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input checked="" type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address <u>304 Woodland Drive</u>	Name of Corporation (if appointed legal guardian)			
City <u>E town</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910-876-4607</u>	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Richard A. Leinwand 4-23-18
Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>hesane</u>		First Name <u>Charles</u>		Middle Name <u>B</u>	
Home Address (NC Residential Address.) <u>200 Emma St</u>				Mailing Address (If different than home address.)	
City <u>El TOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN	Voter Registration No.		Phone (optional) <u>910-862-4404</u>
<input checked="" type="checkbox"/> X <input checked="" type="checkbox"/> X					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

01/17/18
Date

Signature of Relative/Near Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

EXHIBIT 211.2

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lewis</u>		First Name <u>Georgia</u>		Middle Name <u>Arista</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>E-Town Nursing Center 208 Mercer Rd</u>				Mailing Address (If different than home address.) <u>P.O. Box 422</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X [REDACTED]</u>			Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 422</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Herman Leonard Lewis</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>P.O. Box 422</u>		Name of Corporation (if appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910 549-2031</u>	Requestor's Email

RECEIVED
OCT 29 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		BLADEN CO. BD. OF ELECTIONS	
Current Address (Address where you are currently stationed or living overseas.)		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
		Fax Number or Email Address	

Signature of Voter (or Guardian) <u>[REDACTED]</u>	Signature of Relative/Near Guardian (if applicable) <u>X Herman L. Lewis</u>
Date <u>10/29/18</u>	Date <u>10/29/18</u>

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name MATHIS		First Name CAROLYN		Middle Name A	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 907 Fox St P.O.				Mailing Address (If different than home address.) P.O. Box 364		
City Elizabethtown		State N.C.	Zip Code 28337		City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence bladen		
If "No," indicate the date of your move: [REDACTED]				Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN X X	Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/28/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Monroe</u>		First Name <u>Gregory</u>		Middle Name <u>W</u>	
Home Address (NC Residential Address.) <u>538 Frank Melvin Rd</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification number NC License or ID Number		SSN	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Moultrie</u>		First Name <u>Sylvester</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>900 Moultrie Ln</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Elizabeth town</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>[REDACTED]</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number (SSN, Driver's License, etc.) <u>[REDACTED]</u>			Registration No. <u>[REDACTED]</u>	Phone (optional) <u>910-645-4961</u>	Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>[REDACTED]</u>
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		RECEIVED APR 25 2018

Signature of Near Relative/legal Guardian (if applicable)
[REDACTED]

4-24-1820X

Date

Date

Go to www.bladenco.org to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

BLADEN CO. BO. OF ELECTIONS

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Mokner	First Name Margarette	Middle Name	Suffix
Home Address (NC Residential Address.) 511 Slingsby St		Mailing Address (if different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move:		Water Registration No. Optional	Phone (optional)
You must provide at least one identification number (NC Driver's License, NC ID Card, or US Passport)		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2/20/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 474 of 2658

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>McMekey</u>		First Name <u>Willie</u>		Middle Name <u>M</u>	
Home Address (NC Residential Address.) <u>680 Smith Cir Apt 19-B</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>X</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Address

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APR 30 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/23/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 475 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>NORRIS</u>	First Name <u>STEWART</u>	Middle Name <u>GLENN</u>
Home Address (NC Residential Address.) <u>2486 NC 242 HWY 5</u>		Mailing Address (If different than home address.) <u>PO Box 91</u>
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>
If "No," indicate the date of your move: <u>1-1</u>		Previous Name (if applicable)
Election number SSN <u>[REDACTED]</u> <input checked="" type="checkbox"/> X <input checked="" type="checkbox"/> X		Voter Registration No. Optional Phone (optional) Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 91</u>		City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>GAIL N NORRIS</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>PO Box 91</u>		Name of Corporation (if appointed legal guardian)		
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910-816-1174</u>	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

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OCT 30 2018

REC'D BY
BLADEN CO. BD. OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

X Gail N Norris 10-30-18

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

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OCT 02 2018



State Absentee Ballot Request Form North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name NYE	First Name PEGGY	Middle Name MCKEE	Suffix [REDACTED]
Home Address (NC Residential Address.) PO BOX 8		Mailing Address (If different than home address.) 403 Woodland Dr	
City ELIZABETHTOWN	State NC	Zip Code 28337	City Elizabeth Town NC 28337
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence [REDACTED]	Previous Name (if applicable) [REDACTED]
If "No," indicate the date of your move: [REDACTED]		Registration No. [REDACTED]	Phone (optional) [REDACTED]
You must provide at least one identification NC License or ID Number [REDACTED] SSN [REDACTED]		Email (optional) [REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO Box 8, Elizabethtown, NC		City [REDACTED]	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democrat <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Last) (Suffix) [REDACTED]		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address [REDACTED]		Name of Corporation (If appointed legal guardian) [REDACTED]		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address [REDACTED]

Signature of Near Relative/Guardian (if applicable) X [REDACTED]	Date [REDACTED]
--	--------------------

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

477 of 2658



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____ Election Date
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name PACKER	First Name ETHEL	Middle Name SHAW	Suffix
Home Address (NC Residential Address.) PO BOX 823		Mailing Address (If different than home address.)	
City ELIZABETHTOWN	State NC	Zip Code 28337	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move:		Registration No.	Phone (optional) 910-874-7408
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>		Optional	Email (optional) esplewis2@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 823		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	

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OCT 15 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable) X	Date
---	------

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512 478 of 2658
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

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OCT 19 2018

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

BLADEN CO. BD. OF ELECTIONS

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Peterson</u>	First Name <u>Dorothy</u>	Middle Name <u>M</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>309 W. Gill St</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)	Email (optional)
SSN <u>X X X - X X -</u>				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Elizabethtown Nursing Ctr</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Patricia A Jessup</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>309 W. Gill St</u>		Name of Corporation (if appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>962-3986</u>	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

X Patricia Jessup

Date

Date

Go to nc.gov to check your voter registration or absentee voting status.



State Absentee Ballot Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED
AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 5179 of 2658
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Powell</u>		First Name <u>James</u>		Middle Name <u>M</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>10759 S. College St Apt 2G</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature <u>X</u> <u>[REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u> <u>7-13-18</u> Date	Date
--	---	------



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Powell</u>	First Name <u>James</u>	Middle Name <u>M</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>10759 S. College APT 26</u>		Mailing Address (if different than home address.)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move:				
You must provide at least one identification number: NC license or ID Number SSN <u>X X</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>above</u>	City <u>APR 02 2018</u>	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/22/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>SHERIDAN</u>		First Name <u>MAEOIA</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>1411 MLK DR.</u>				Mailing Address (if different than home address.) <u>1411 MLK DR.</u>	
City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XX</u>		Voter Registration No. Optional		Phone (optional)	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1411 MLK DR.</u>		City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

AUG 22 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

Wayne Sol

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>STOKEN</u>		First Name <u>J.C.</u>		Middle Name <u>JR</u>	
Home Address (NC Residential Address.) <u>2801 Peanut Plant Rd.</u>				Mailing Address (if different than home address.) _____	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City _____	State _____	Zip Code _____
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification number (NC ID, Driver's License, etc.) [Redacted]			Voter Registration No. (Optional)		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2801 Peanut Plant Rd</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [Redacted]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

 6/26/18 X Georgia J. Stoker 6/26/18
 Date Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Taylor</u>	First Name <u>Katherine</u>	Middle Name <u>Bain Incoe</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>2105 2nd Ave</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>[REDACTED]</u>			
You must provide at least one identification number (NC License, Driver's License, or Social Security Number) <u>[REDACTED]</u> X		Registration No. (Optional)	Phone (optional) <u>910-862-3912</u>
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2105 2nd Ave</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

RECEIVED

AUG 29 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/29/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name TAYLOR		First Name KATHERINE		Middle Name BAIN	
Home Address (NC Residential Address.) 2105 SECOND AVE				Mailing Address (If different than home address.)	
City ELIZABETHTOWN	State NC	Zip Code 28337	<div style="text-align: center;"> RECEIVED APR 03 2018 </div>		
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move:			Previous Name (if applicable) TIME REC'D BY BLADEN CO. BD. OF ELECTIONS		
You must provide at least one identification number: NC License or ID Number		SSN X	Voter Registration No. 0000012690	Phone (optional) 862-2862	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 2105 Second Ave		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name Mary Priest		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address 307 Keith Ave		Name of Corporation (If appointed legal guardian)		
City Elizabethtown	State NC	Zip Code 28337	Requestor's Phone 910-862-2862	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
 3/3/18 X Mary Priest 3/3/18
 Date Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>TOWSEND</u>	First Name <u>DOROTHY</u>	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>420 MEKAY ST</u> <u>OAK ESTATE APT 7D</u> <u>ELIZABETHTOWN, N.C. 28337</u>		Mailing Address (if different than home address.) <u>P.O. BOX 1482</u>		
City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>	Previous Name (if applicable)	
If "No," indicate the date of your move:		Registration No. Optional	Phone (optional)	Email (optional)
You must provide at least one identification number NC License or ID Number [REDACTED] SSN [REDACTED]				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. BOX 1482</u>		City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)
☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Townsend</u>		First Name <u>Dorothy</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>420 EAST MCKAY AP17D</u>				Mailing Address (if different than home address.) <u>PO BOX 1482</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1-</u>			Previous Name (if applicable)		
You must provide at least one Identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Voter Registration No.		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO BOX 1482</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City		State	Zip Code	Requestor's Phone
				Requestor's Email

RECEIVED

APR 20 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

x Bobbie Bert 4-16-18

Date

Date



State Absentee Request Form

North Carolina

OCT 08 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Elect

Voter Information

Last Name <u>Tyler</u>		First Name <u>Sue</u>		Middle Name <u>W</u>	
Home Address (NC Residential Address.) <u>1106 Bullard ST</u>				Mailing Address (If different than home address.) <u>Same</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)
☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/7/18 X
 Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>West</u>		First Name <u>Bonnie</u>		Middle Name <u>C</u>	
Home Address (NC Residential Address.) <u>1538 Horseshoe Rd.</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8/7/18 X
Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3/1.2

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337 489 of 2658
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cole</u>		First Name <u>Audra</u>		Middle Name <u>M</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>361 Lewis DR</u>				Mailing Address (If different than home address.) <u>P.O. Box 1811</u>			
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>				Voter Registration No.		Phone (optional)	
You must provide at least one identification number below. (or see instructions)				Email (optional)			
SSN <u>[REDACTED]</u> <u>X X X - X X - [REDACTED]</u>							

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City		State		Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan								
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No								
If "Yes," what is the name and address of the hospital or facility:								
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:								
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address			Name of Corporation (If appointed legal guardian)					
City			State		Zip Code		Requestor's Phone	
							Requestor's Email	

RECEIVED

NOV 27 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable)

Signature: [REDACTED] Date: 10/29/18 X

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

501

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>EDGE</u>	First Name <u>JABER</u>	Middle Name <u>LIAMNE</u>
Home Address (NC Residential Address.) <u>2202 FIRST AVE</u>		Mailing Address (If different than home address.)
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number from the following: NC <u>[REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u> Phone (optional) <u>[REDACTED]</u> Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2202 FIRST AVE</u>		City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>[REDACTED]</u>				
Requestor's Address <u>[REDACTED]</u>				
Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>				
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-4-2018 X
 Date

Date

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

State Absentee Ballot Request Form

North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Durham</u>	First Name <u>Barbare</u>	Middle Name <u>B B</u>	S	
Home Address (NC Residential Address.) <u>2148 Mercer Mill Rd</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
Previous Name (if applicable)		Registration No. Optional		
Phone (optional)		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (If appointed)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 27 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

10/27/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Durham</u>		First Name <u>Barbara</u>		Middle Name <u>Gilaspie</u>	
Home Address (NC Residential Address.) <u>2148 Mercer Mill Rd.</u>				Mailing Address (if different than home address.)	
City <u>Elizabeth</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move:			Registration No.	Phone (optional)	
You must provide at least one identification number: NC License or ID Number <u>XX</u> SSN <u>[REDACTED]</u>			<div style="text-align: center;"> RECEIVED APR 20 2018 </div>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/19/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Gillespie</u>		First Name <u>Cynthia</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>2170 Mercer Mill Brown Rd</u>				Mailing Address (If different than home address.) <u>1012 Plymouth Dr</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>New Bern</u>	State <u>NC</u>	Zip Code <u>28562</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1-</u>			Previous Name (if applicable)		
You must provide at least one identification number (SSN, Driver's License, etc.) <u>[REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		
Phone (optional)			Email (optional)		

RECEIVED

Absentee Mailing Address (Where should the ballot be mailed?)		City <u>Bladen</u>		State <u>NC</u>		Zip Code <u>28562</u>	
<p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference:</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p> <p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility:</p>							
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p> <p>Requestor's Name: <u>[REDACTED]</u></p> <p>Relationship: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian</p> <p>Requestor's Address: <u>[REDACTED]</u></p> <p>Name of Corporation (If appointed legal guardian):</p>							
City <u>[REDACTED]</u>		State <u>[REDACTED]</u>		Zip Code <u>[REDACTED]</u>		Requestor's Phone <u>[REDACTED]</u>	
						Requestor's Email <u>[REDACTED]</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

<p>Select one of the options below to qualify as a military or overseas voter:</p> <p><input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.</p> <p><input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely</p>		<p>Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email</p>	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable)

10-8-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

RECEIVED

SEP 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS E FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name INMAN		First Name JAMES		Middle Name RUDOLPH	
Home Address (NC Residential Address.) 1705 E BROAD ST				Mailing Address (If different than home address.) PO BOX 1011	
City ELIZABETHTOWN	State NC	Zip Code 28337	City ELIZABETHTOWN	State NC	Zip Code 28337
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: / /			Previous Name (if applicable)		
You must provide at least one identification number		Voter Registration No. 00000013404		Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO Box 1011		City ELIZABETHTOWN	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>INNAN</u>		First Name <u>JAMES</u>		Middle Name <u>RUDOLPH</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>1705 E BROAD ST.</u>				Mailing Address (If different than home address.)		
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move:						
You must provide at least one identification number: NC License or ID Number _____ SSN _____			Voter Registration No. _____ Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1011</u>		City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1-4-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Kealon</u>	First Name <u>Mary</u>	Middle Name <u>L</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>148 Lewis DR</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) <u>[REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) RECEIVED APR 20 2018

Absentee Voting Information

TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother /sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/18/18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

502

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Lanier</u>		First Name <u>Douglas</u>		Middle Name <u>W</u>	
Home Address (NC Residential Address.) <u>94 Shannon Dr</u>				Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>		Voter Registration No. Optional		Phone (optional)	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
<p>RECEIVED OCT 15 2018</p> <p>If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p> <p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility:</p>				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p> <p>Requestor's Name</p> <p>Requestor's Address</p> <p>City</p> <p>State</p> <p>Zip Code</p>				
<p>Name of Corporation (if appointed legal guardian)</p> <p>Requestor's Phone</p> <p>Requestor's Email</p>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

<p>Select one of the options below to qualify as a military or overseas voter:</p> <p><input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.</p> <p><input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely</p>		<p>Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email</p> <p>Fax Number or Email Address</p>
Current Address (Address where you are currently stationed or living overseas.)		

Signature of Voter (not applicable)

Signature of Near Relative/Legal Guardian (if applicable)

8-5-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>LEACH</u>		First Name <u>EVA</u>		Middle Name <u>M</u>	
Home Address (NC Residential Address.) <u>1605 MLK DRIVE</u>			Mailing Address (if different than home address.) <u>1605 MLK DRIVE</u>		
City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN COUNTY</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1605 MLK DRIVE</u>		City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-21-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lomax</u>		First Name <u>Roy</u>		Middle Name <u>Eugene</u>	
Home Address (NC Residential Address.) <u>1612 Greenwood St.</u>				Mailing Address (If different than home address.) <u>P.O. Box 954</u>	
City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 954</u>		City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>[REDACTED]</u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 22 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
[REDACTED]

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-19-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKoy</u>		First Name <u>Daisy</u>		Middle Name <u>S</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>76 Dewitt Gordon Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable)		
You must provide at least one identification number NC License <u>[REDACTED]</u> <input checked="" type="checkbox"/> <u>[REDACTED]</u> <input type="checkbox"/>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 17 2018

TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/17/18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McKoy</u>	First Name <u>DAISY</u>	Middle Name <u>S.</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>76 Dewitt Gooden Rd.</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable) RECEIVED APR 02 2018		
You must provide a valid voter identification number below. (or see instructions) [REDACTED] XX - XX [REDACTED]		Voter Registration No. Optional	Phone (optional) [REDACTED]	Email (optional) [REDACTED]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/25/18 X
 Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 502-67-2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Perkins</u>	First Name <u>Geneva</u>	Middle Name <u>J</u>
Home Address (NC Residential Address.) <u>2879 NC Hwy 242 S</u>		Mailing Address (If different than home address.)
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Driver Registration No. Optional
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>Bladen</u>	State <u>NC</u>	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter <u>[Signature]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>[Signature]</u>
Date <u>9-6-18</u>	Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS C FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Leach</u>		First Name <u>Brenda</u>		Middle Name <u>S</u>	
Home Address (NC Residential Address.) <u>145 Idas Lane</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/13/18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Leach	First Name Brenda	Middle Name Shipman	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 145 Idas Lane			Mailing Address (If different than home address.)	
City Clarkton	State NC	Zip Code 28433	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen	
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable) RECEIVED	
You must provide your NC ID number below. (or see instructions)			Voter Registration No. Optional	
[REDACTED] X X - X X - [REDACTED]			Phone (optional) APR 09 2018	
			TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother /sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/19/18

X

Date

Date



State Absentee Ballot Request Form 2

North Carolina

Bladen County Board of Elections
P. O. BOX 512

Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

505 of 2658

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Sackson</u>	First Name <u>Carol</u>	Middle Name <u>J</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>153 Mt Olive Rd</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable) <u>[REDACTED]</u>
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X [REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix) <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
[REDACTED]

Transmit my ballot by:
(Military/Overseas Voters Only)

Fax Number or Email Address
[REDACTED]

RECEIVED
OCT 17 2018

TIME [REDACTED] REC'D BY [REDACTED]
BLADEN CO. BD. OF ELECTIONS

Signature of Relative/Near Guardian (if applicable)
[REDACTED]

Date
10/17/18

Date
[REDACTED]

VISIT www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
 Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Sackson</u>	First Name <u>Carlo</u>	Middle Name <u>S</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>153 mt olive Rd</u>		Mailing Address (If different than home address.) <u></u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable) <u></u>	
You must provide at least one identification number below. (or see instructions) NC <u>XXXXXXXXXX</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

RECEIVED
 APR 20 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>above</u>	City <u>Bladen</u>	TIME REC'D BY BLADEN CO. BO. OF ELECTIONS
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," what is the name and address of the hospital or facility: <u></u>		
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:		
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address	Name of Corporation (If appointed legal guardian)	
City	State	Zip Code
Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u></u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

nc 4/8/18
 Date

X
 Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: **GENERAL ELECTION** on **NOVEMBER 6, 2018**
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Shipman	First Name Ester	Middle Name M	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 76 Dewitt Good Rd		Mailing Address (If different than home address.)		
City Elizabethtown	State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification number NC License [REDACTED] X		Driver Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 17 2018

TIME REC'D BY

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/17/18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name SHIPMAN		First Name ESTER		Middle Name COLLINS	
Home Address (NC Residential Address.) 76 DEWITT GOODEN RD				Mailing Address (If different than home address.)	
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN	Previous Name (if applicable)	
If "No," indicate the date of your move: / /			<div style="text-align: center;"> RECEIVED APR 13 2018 </div>		
You must provide at least one identification number: NC License or ID Number: [REDACTED] X X		Voter Registration No. 0000013877		Phone (optional) TIME	Email (optional) RECD BY BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Daisy A. McRoy

4/9/2018

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>Nathaniel</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>119 Tommy's Drive</u>				Mailing Address (if different than home address.) <u>P.O. 394</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN <u>X X</u>	Voter Registration No.		Phone (optional) <u>910-872 4793</u>
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 394</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 13 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-13-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Thomas</u>	First Name <u>Jan</u>	Middle Name <u>Evers</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>699 Happy Valley Road</u>		Mailing Address (If different than home address.) [REDACTED]		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification number (NC ID, Driver's License, etc.) [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>699 Happy Valley Road</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email
<div style="text-align: center;"> RECEIVED AUG 13 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS </div>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

8-11-18

Signature of Near Relative/Legal Guardian (if applicable)



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 22 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

501

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Edge</u>	First Name <u>Anita</u>	Middle Name <u>Carson</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>2202 First Ave</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number (NC ID, Driver's License, etc.) [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2202 First Ave</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-2-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Wright</u>	First Name <u>ANNetta</u>	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>113 Mt. Olive Rd</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number NC License <u>[REDACTED]</u> <input checked="" type="checkbox"/> X		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	Name of Corporation (If appointed legal guardian) REC'D BY BLADEN CO. BD. OF ELECTIONS	
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/15/18
Date

X Antar Wright

10/15/18
Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Wright</u>		First Name <u>Annetta</u>		Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>113 Mt Olive Rd</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladem</u>	Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1/</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)	
Your NC Identification Number below. (or see instructions) [REDACTED] X X - X X [REDACTED]			<div style="text-align: center;"> RECEIVED APR 20 2018 </div>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	TIME REC'D BY BLADEN CO. BO. OF ELECTIONS	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.					
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/18/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: **GENERAL ELECTION** on **NOVEMBER 6, 2018**
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Wright	First Name Artis	Middle Name L	Suffix
Home Address (NC Residential Address.) 113 ME Olive Rd		Mailing Address (If different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move:		Driver Registration No. (Optional)	Phone (optional)
You must provide at least one identification number (NC License, Driver's License, etc.)		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
Requestor's Email		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/16/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951

elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Wright</u>	First Name <u>Artis</u>	Middle Name <u>L</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>113 Mc Olive Rd</u>		Mailing Address (If different than home address.) [REDACTED]	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional	Phone (optional) Email (optional)
[REDACTED] XX - XX [REDACTED]			

RECEIVED
APR 20 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature X Date 4/18/18 Signature of Near Relative/Legal Guardian (if applicable) X Date _____



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Merritt</u>	First Name <u>Linda</u>	Middle Name <u>Gail</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>11719 Hwy 701 North</u>		Mailing Address (If different than home address.) [REDACTED]		
City <u>Garland</u>	State <u>NC</u>	Zip Code <u>28441</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification: NC License or ID Number [REDACTED] SSN [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>11719 Hwy 701 North</u>		City <u>Garland</u>	State <u>NC</u>	Zip Code <u>28441</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

8/1/18 Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Wright</u>		First Name <u>EARNESTINE</u>		Middle Name <u>P</u>			
Home Address (NC Residential Address.) <u>615 McLeod St Apt. 9D</u>				Mailing Address (if different than home address.)			
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>							
You must provide at least one identification number below (or see instructions). NC License or ID Number <u>XX</u> SSN				Voter Registration No.		Phone (optional) <u>862-4380</u>	Email (optional)

Abs ^{entee} Mailing Address (where should the ballot be mailed?)				City		State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name (First) (Middle) (Last) (Suffix)				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address				Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative or guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10-9-15
Date

X

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election #

Voter Information

Last Name <u>Wright</u>		First Name <u>EARNESTINE</u>		Middle Name <u>P.</u>	
Home Address (NC Residential Address.) <u>615 McLeod St Apt 9D</u>				Mailing Address (If different than home address.) <u>ELIZABETHTOWN NC, 28337</u>	
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>Y X X</u>			Registration No.	Phone (optional) <u>862-4380</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 20 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-19-18 X

Date

Date

How to check your voter registration or absentee voting status.

V2013.11

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2

519 of 2658



State Absentee Ballot Request Form North Carolina

RECEIVED

OCT 05 2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name JOHNSON	First Name JANICE	Middle Name RUSS	Suffix
Home Address (NC Residential Address.) 923 HICKORY GROVE BALLPARK RD.		Mailing Address (If different than home address.) 923 Hickory Grove Ballpark Rd	
City BLADENBORO	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: / /			
You must provide at least one identification number: NC License or ID Number X X		Registration No. [REDACTED]	Phone (optional) 910-648-6323
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 923 Hickory Grove Ballpark Rd		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <u>unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name [REDACTED]		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address [REDACTED]		Name of Corporation (if appointed legal guardian)		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable)

X

9-30-18
Date

Check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 08 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 520 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>PRIT</u>	First Name <u>WADE</u>	Middle Name <u>D</u>	[REDACTED]		
Home Address (NC Residential Address.) <u>3074 NC 410 HWY</u>					
Mailing Address (If different than home address.)					
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification: NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-6-18
Date

X

Date

115



State Absentee Ballot Request Form

North Carolina

RECEIVED

11/21/18

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>LESSANE</u>		First Name <u>Jerry</u>		Middle Name <u>W</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>52 Pompie Rd</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>nc</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>[REDACTED]</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 64</u>		City <u>Dublin</u>	State <u>nc</u>	Zip Code <u>28332</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

6-11-18
 Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on 5- _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>LESSANE</u>	First Name <u>Terry</u>	Middle Name <u>W</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>52 Pom Pie</u>		Mailing Address (if different than home address.)	
City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: [REDACTED]			
You must provide at least one identification number [REDACTED]		Driver Registration No.	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 64</u>	City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-11-17
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election*

Voter Information

Last Name <u>Davis</u>		First Name <u>Nelma</u>		Middle Name [REDACTED]	
Home Address (NC Residential Address.) <u>334 Victoria Dr</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [REDACTED] SSN [REDACTED]			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

SEP 25 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9/24/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Davis</u>	First Name <u>Velma</u>	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>334 Victoria An</u>		Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>		Previous Name (if applicable)		
[REDACTED] ion number below. (or see instructions) SSN <u>X X X - X X - [REDACTED]</u>		Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-11-17 X



State Absentee Ballot Request Form

North Carolina

RECEIVED
OCT 08 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Pait</u>		First Name <u>Rosella</u>		Middle Name <u>D</u>	
Home Address (NC Residential Address.) <u>3074 NC 410 HWY</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City		State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification: NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

10-6-18 X
Date

Date



State Absentee Ballot Request

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 101 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7802

elections@bladenco.org

MAR 13 2018

 TIME REC'D BY
 BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
 Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18

Election Date

Voter Information

Last Name <u>Packer</u>	First Name <u>Eula</u>	Middle Name <u>M</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>200 Village St</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
[REDACTED] ion number below. (or see instructions) SSN <u>X X X - X X - [REDACTED]</u>		Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)
☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9/17/17
 Date

X

Date



NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lucas</u>		First Name <u>Jeanette</u>		Middle Name <u>Cromantia</u>	
Home Address (NC Residential Address.) <u>17948 Hwy 87 West</u>				Mailing Address (If different than home address.)	
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification number (SSN, Driver's License, etc.)		Voter Registration No.		Phone (optional)	Email (optional)
[Redacted] X X		[Redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>17948 Hwy 87 W</u>		City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X

Date

Date

**State Absentee Ballot Request Form**
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.)**Voter Information**

Last Name <u>CALLAHAN</u>		First Name <u>PATRICIA</u>		Middle Name <u>LOUISE</u>	
Home Address (NC Residential Address.) <u>57 W HESTER ST</u>				Mailing Address (if different than home address.)	
City <u>CHARLTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No. <u>RECEIVED</u>		
NC License or ID Number		SSN <u>XXX - XX</u>	Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sig

Signature of Near Relative/Legal Guardian (if applicable)

2-22-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jones</u>		First Name <u>Evangeline</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>801 A Blue St</u>				Mailing Address (If different than home address.) <u>P.O. Box 372</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1-</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>X</u>		SSN <u>[REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u>	
				Phone (optional)	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State		Zip Code	
				<u>OCT 10 2018</u>			
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <u>TIME</u> REC'D BY: <u>BLADEN CO. BD. OF ELECTIONS</u>							
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address				Name of Corporation (if appointed legal guardian)			
City		State		Zip Code		Requestor's Phone	
						Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Voter (if applicable)	Signature of Near Relative/Guardian (if applicable)
<u>[REDACTED]</u>	<u>10/9/2018</u> <u>X</u>
	Date



State Absentee Ballot Request Form

North Carolina

TIME RECD BY
BLADEN CO. CLERK OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name MR DANIEL	First Name HUGHLON	Middle Name L	Suffix MR
Home Address (NC Residential Address.) 9343 HWY 131		Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City Bladenboro
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	
If "No," indicate the date of your move:		Previous Name (if applicable)	
You must provide at least one identification number (NC ID, Driver's License, etc.)		Registration No. (Optional)	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> son-in-law	<input type="checkbox"/> brother/sister <input type="checkbox"/> grandchild <input type="checkbox"/> daughter-in-law	<input type="checkbox"/> parent <input type="checkbox"/> stepchild <input type="checkbox"/> legal guardian	<input type="checkbox"/> grandparent <input type="checkbox"/> mother-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-13-18

X

Date

Date



20V
Exhibit 4.2
State Absentee Ballot Request Form
North Carolina

Exhibit 4.2

RECEIVED

531 of 2658

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McDaniel</u>		First Name <u>Hughlon</u>		Middle Name <u>L</u>	Suffix [Redacted]
Home Address (NC Residential Address) <u>9343 Hwy 131</u>				Mailing Address (If different than home address.) [Redacted]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1-1-1</u>			Previous Name (if applicable)		
You must provide at least one Identification number: NC License or ID Number [Redacted]		SSN [Redacted]	Registration No.	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature [Redacted]	Signature of Near Relative/Legal Guardian (if applicable) <u>12-16-17 X</u>
Date	Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Richardson</u>		First Name <u>Frederick</u>		Middle Name <u>Leon</u>	
Home Address (NC Residential Address.) <u>216 Council-Richardson DR.</u>				Mailing Address (if different than home address.)	
City <u>TARHEEL</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

Signature: X Date: 7-18-18



NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Smith		First Name Charles		Middle Name Wade	
Home Address (NC Residential Address.) 2939 Old Fayetteville Road				Mailing Address (If different than home address.)	
City Garland	State NC	Zip Code 28441	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X			Voter Registration No. Optional		Phone (optional) 9108798234
					Email (optional) carnival4301@yahoo.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 2939 Old Fayetteville Road				Garland		State NC	Zip Code 28441
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name (First) (Middle) (Last) (Suffix)				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address				Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Email

Fax Number or Email Address

TIME ____ REC'D BY ____
BLADEN CO. BD. OF ELECTIONS

Signature of Near Relative/Guardian (if applicable)

10-21-18 X

Date

Date



State Absentee Request Form

North Carolina

RECEIVED
AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Maultsby</u>		First Name <u>Clarence</u>		Middle Name <u>John</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>305 Swanzy Ridgeway Apt. 103</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]						
You must provide at least one identification number (NC ID, Driver's License, etc.) [REDACTED]			Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-29-18

Date

X

Date



15

Exhibit 4.2.3.1.2

535 of 2658

State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

PO BOX 512

Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Kinlow	First Name Gene	Middle Name W	Suffix
Home Address (NC Residential Address.) 1132 J.A. CARROLL Rd		Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: 1-1		Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number		Registration No.	Phone (optional)
SSN X X		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

12-21-17 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6,
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>MOULTRIE</u>		First Name <u>DARLENE</u>		Middle Name [REDACTED]	
Home Address (NC Residential Address.) <u>810 DELLA ST</u>				Mailing Address (if different than home address.) <u>P.O. Box 1002</u>	
City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You [REDACTED] at least one identification number [REDACTED] NC License [REDACTED]			Voter Registration No. [REDACTED] Optional		Phone (optional) [REDACTED] Email (optional) [REDACTED]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1002</u>		City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date

p-202



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

PRIMARY

5-8-2018

Voter Information

Last Name GIBSON	First Name MARTHA	Middle Name L	Suffix [REDACTED]
Home Address (NC Residential Address.) 47 J HILL ACRES ROAD		Mailing Address (If different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN	Previous Name (if applicable)
If "No," indicate the date of your move:			
You must provide at least one identification number (NCL) [REDACTED] X		Driver Registration No. (Optional)	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently residing, including overseas.)

RECEIVED

Transmit my ballot by:
(Military/Overseas Voters Only)
☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

BY
ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

3/25/2018 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lewis</u>	First Name <u>Gwendolyn</u>	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>2068 Tar Heel Ferry Rd</u>		Mailing Address (If different than home address.) <u>P.O. Box 122</u>		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>White Oak</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification number (NC License or NC Voter ID Card) [REDACTED]		Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

8-23-2018 X

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name COUNCIL	First Name ARCHIE	Middle Name LEE	Suffix SR
Home Address (NC Residential Address.) 6496 RIVER RD.		Mailing Address (If different than home address.)	
City WHITE OAK	State NC	Zip Code 28399	City State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: _____			
You must provide at least one identification NC License or ID Number		Voter Registration No. Optional	Phone (optional) 910549
		Email (optional) 5205	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: _____			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

RECEIVED

OCT 11 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

10-04-18X
Date

Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

OCT 04 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Council</u>		First Name <u>Archie</u>		Middle Name [REDACTED]	
Home Address (NC Residential Address.) <u>6496 River Rd</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification: NC License or ID Number [REDACTED]			Voter Registration No. [REDACTED] <small>Optional</small>		
[REDACTED]			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-30-18 X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

341 of 2658



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name JOHNSON	First Name DELORIS	Middle Name B	Suffix	
Home Address (NC Residential Address.) 1075 PLEASANT GROVE CHURCH RD.		Mailing Address (if different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)	
If "No," indicate the date of your move:		Driver Registration No. Optional	Phone (optional) NA	Email (optional) NA
You must provide at least one identification NC License or ID Number				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1075 Pleasant Grove Ch Rd Bladenboro		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State Zip Code	Requestor's Phone	Requestor's Email	

RECEIVED
OCT 15 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-518X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 542 of 2658

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Smith</u>	First Name <u>DIANNE</u>	Middle Name <u>M</u>
Home Address (NC Residential Address.) <u>5661 Lisbon Rd</u>		Mailing Address (if different than home address.)
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number (NC License, Driver's License, etc.)		Registration No. (Optional)
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
APR 10 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-8-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 543 of 2658 201

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name			
Harrelson	Mary	Buie			
Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
315 Ash St					
City	State	Zip Code	City	State	Zip Code
Bladenboro	NC	28320			
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Bladen		
You must provide at least one identification number: NC License or ID Number			Registration No. Optional	Phone (optional)	Email (optional)
X X					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
PO Box 597		BLADENBORO	NC	28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
CRIS HARRELSON	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
PO Box 597	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email
BLADENBORO	NC	28320		001 04 701

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X PC HAMEL 8-22-18
Date Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Harrelson</u>	First Name <u>Mary</u>	Middle Name <u>Buie</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>315 Ash Street</u>		Mailing Address (If different than home address.) <u>P.O. Box 597</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>[REDACTED]</u>		Water Registration No. (Optional)	Phone (optional)
You must provide at least one identification number (NC Driver's License, NC ID Card, or US Social Security Number) <u>[REDACTED]</u>		Email (optional)	

RECEIVED
APR 13 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 597</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepparent
		<input type="checkbox"/> legal guardian	<input type="checkbox"/> mother-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-8-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

 TIME _____ REC'D BY _____
 FRAUDULENTLY OR FALSIFYING THE FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name Haywood		First Name Effie		Middle Name M	
Home Address (NC Residential Address.) 200 Village St #12C				Mailing Address (if different than home address.)	
City Bladenboro		State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen	
If "No," indicate the date of your move: ____/____/____				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number [REDACTED]				Voter Registration No. Optional	Phone (optional) Email (optional)
SSN X X X - X X [REDACTED]					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sign _____ X	Signature of Near Relative/Legal Guardian (if applicable) _____ 8-29-18 X Date
-----------------	---



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

Bladen County Board of Elections
P. O. BOX 512 546 of 2658
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McDowell</u>		First Name <u>Warren</u>		Middle Name <u>K</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>43 Troy Wilk Dr.</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>			
City <u>Council</u>		State <u>NC</u>	Zip Code <u>28434</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/11</u>							
You must provide at least one identification number below. (or NC License or ID Number)		SSN <u>X X X - X X</u>	Voter Registration No. <u>[REDACTED]</u>		Phone (optional) <u>910-841-1411</u>	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	
TIME <u>10:15</u> REC'D BY <u>[REDACTED]</u> BLADEN CO. BD. OF ELECTIONS					

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only) <u>X [REDACTED]</u> Date <u>10-12-2018</u>	Signature of Relative/Near Guardian (if applicable) <u>X [REDACTED]</u> Date <u>[REDACTED]</u>
--	--

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>McPownell</u>		First Name <u>Warren</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>43 Troy Willis Dr.</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>[REDACTED]</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number NC License or ID Number <u>XX [REDACTED]</u>		Registration No. <u>[REDACTED]</u>		Phone (optional) <u>874-1411</u>	Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

RECEIVED

APR 20 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
[REDACTED]

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address
[REDACTED]

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X [REDACTED]

4-20-2018

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name CALLIHAN	First Name WANDA	Middle Name Kay	Suffix [REDACTED]
Home Address (NC Residential Address.) 1860 Berry Lewis Rd.		Mailing Address (If different than home address.) [REDACTED]	
City Bladenboro	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)	
You must provide at least one identification [REDACTED]		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 520 Belhaven DR, Wilmington		City Wilmington	State NC	Zip Code 28411
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

SEP 10 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9/4/18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on NOV 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>Nora</u>		Middle Name <u>Butler</u>	
Home Address (NC Residential Address.) <u>1239 Pleasant Grove Ch. Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number		SSN <u>X</u>	Voter Registration No. <u>15663</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1239 Pleasant Grove Church Rd</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-17-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Jessup</u>	First Name <u>Freddie Charles</u>	Middle Name <u>Michael</u>			
Home Address (NC Residential Address.) <u>50 Lewis Meadows dr</u>					
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u> </u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>X</u> SSN <u> </u>			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.					
<input type="checkbox"/> Democratic		<input type="checkbox"/> Republican		<input type="checkbox"/> Libertarian	
<input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: <u> </u>					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5/4/18
Election Date

Voter Information

Last Name <u>Hester</u>	First Name <u>Coteman</u>	Middle Name <u>gener</u>	Suffi
Home Address (NC Residential Address.) <u>4063 twisted hickory Rd.</u>		Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1-1-</u>		Registration No.	Phone (optional)
You must provide at least one identification number NC License or ID Number <u>X X</u>		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>(First) (Last) (Middle) (Suffix)</u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Love

Date

Date



NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Midterm on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information			
Last Name <u>BROWN</u>	First Name <u>Connie</u>	Middle Name <u>Elizabeth</u>	Suffix <u>Ms</u>
Home Address (NC Residential Address.) <u>901 Dickson Road Apt #18</u>		Mailing Address (If different than home address.)	
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1-1</u>			
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional) Email (optional)
SSN <u>X X X - X X -</u>			

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>901 Dickson Road Apt #18</u>		City <u>Riegelwood</u>	State <u>NC</u>
Zip Code <u>28456</u>			
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepparent
		<input type="checkbox"/> legal guardian	<input type="checkbox"/> mother-in-law
			<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

RECEIVED
OCT 22 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-BAX

Date

Check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on November
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name CLEMMONS		First Name DENNIS		Middle Name RAY	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 114 CYPRESS ST.				Mailing Address (If different than home address.)		
City BLADENBORO	State NC	Zip Code 28320		City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move:				Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>				Registration No.		
				Phone (optional) <input type="checkbox"/> Email (optional) <input type="checkbox"/>		

RECEIVED
OCT 24 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 114 CYPRESS ST		City BLADENBORO	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature X	Signature of Near Relative/Guardian (if applicable) X
Date	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

OCT 08 2018

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Autry</u>		First Name <u>Dorothy</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>223 Autrytown Rd</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move:						
You must provide at least one identification number NC License or ID Number		SSN	Voter Registration No. Optional		Phone (optional)	Email (optional)
<u>X X</u>						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>223 Autrytown Rd</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Dorothy Autry (self)</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>223 Autrytown Rd</u>		Name of Corporation (if appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910 588-4111</u>	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>10/8/18</u>	Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Autry</u>		First Name <u>Dorothy</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>223 Autrytown Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>[REDACTED]</u>		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable) <u>JAY O L 2018</u>		
You must provide at least one identification number NC License or ID Number <u>XX</u>		SSN <u>[REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u>	
				Phone (optional) <u>[REDACTED]</u>	
				Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>223 Autrytown Rd, Elizabethtown</u>		City <u>[REDACTED]</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Dorothy Autry</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>223 Autrytown Rd</u>		Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>588-6111</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>[REDACTED]</u>

Signature of Near Relative/Legal Guardian (if applicable)

4-30-18 X

Date

Date



State Absentee Request Form

North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 558 of 2658
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Drayton</u>		First Name <u>Luken</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>38 George W. Kelly</u>				Mailing Address (if different than home address.) <u>P.O. Box 154</u>		
City <u>Clarkston</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Clarkston</u>	State <u>NC</u>	Zip Code <u>28433</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		Phone (optional)	Email (optional)
NC License or ID Number SSN <u>XXX - XX - [REDACTED]</u>			Optional			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512 557 of 2658
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
McAilister	Gayle		
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
44 George Kelly Rd		PO Box 821	
City	State	Zip Code	City
Clarkton	NC	28433	Clarkton
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: 1/1/		Bladen	
You must provide at least one identification number below. (or see NC License or ID Number)		Voter Registration No. Optional	Phone (optional) Email (optional)
SSN XXX - XX -			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> son-in-law	<input type="checkbox"/> brother/sister <input type="checkbox"/> grandchild <input type="checkbox"/> daughter-in-law	<input type="checkbox"/> parent <input type="checkbox"/> stepchild <input type="checkbox"/> legal guardian	<input type="checkbox"/> grandparent <input type="checkbox"/> mother-in-law <input type="checkbox"/> stepparent <input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Sig [Redacted]

7-13-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Smith</u>	First Name <u>Frank</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>10759 College St Apt 1B</u>		Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u> / / </u>			
You must provide at least one identification number below. (or see instructions) NC LI <u> </u> <u>XX - XX</u> <u> </u>		Voter Registration No. Optional	Phone (optional) Email (optional)

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>above</u>	City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)
☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3014-18 X
 Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name WATKINS	First Name DOROTHY	Middle Name SMITH		
Home Address (NC Residential Address.) 3211 NC 53 HWY E			Mailing Address (If different than home address.)	
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN	Previous Name (if applicable) OCT 30 2018
If "No," indicate the date of your move: / /			TIME	REC'D BY
You must provide at least one identification number (SSN, Driver's License, etc.)			Voter Registration No. 00000015940	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name Patricia Watkins	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input checked="" type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address 2746 NC Hwy 53 East	Name of Corporation (If appointed legal guardian)			
City Elizabethtown	State NC	Zip Code 28337	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Patricia Watkins 10-30-18
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 22 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

501

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Ele

Voter Information

Last Name <u>Sellers</u>		First Name <u>Robert</u>		Middle Name <u>Eugene</u>	
Home Address (NC Residential Address.) <u>2507 First Ave</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC Identification Number <u>[REDACTED]</u> <input checked="" type="checkbox"/> X			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 541</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

30-18 X

Date

Date

501



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2019

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>McPhail</u>		First Name <u>Terry</u>		Middle Name <u>M</u>	
Home Address (NC Residential Address.) <u>195 Hickory Hill Dr</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC ID, Driver's License, etc.)			Voter Registration No. (Optional)		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

 7-2-18
 X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS ^{562 of 2658}

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Bullard</u>	First Name <u>Lonnie</u>	Middle Name <u>Irene</u>
Home Address (NC Residential Address.) <u>3109 Grimsley Farm Rd</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u> Optional Phone (optional) <u>[REDACTED]</u> Email (optional) <u>[REDACTED]</u>

RECEIVED
OCT 15 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City <u>BLADEN CO. BD. OF ELECTIONS</u>	State <u>NC</u>	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>[REDACTED]</u>			
Requestor's Address		Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-14-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <i>Peterson</i>		First Name <i>Rossy</i>		Middle Name <i>A</i>	
Home Address (NC Residential Address.) <i>827 Lightwood Kl Rd</i>				Mailing Address (If different than home address.)	
City <i>Kelly</i>	State <i>NC</i>	Zip Code <i>28448</i>	City <i>Bladen</i>	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification number NC License or ID Number		SSN		Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
<div style="float: right; border: 1px solid black; padding: 5px;"> RECEIVED OCT 29 2018 TIME REC'D BY: <input type="checkbox"/> Yes <input type="checkbox"/> No BLADEN CO. BD. OF ELECTIONS </div>				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only. (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/24/18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections

P. O. BOX 512

Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lesane</u>		First Name <u>Gwendolyn</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>200 Emma St</u>				Mailing Address (If different than home address.)	
City <u>ETOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Voter Registration No.		Phone (optional) <u>910-8624404</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

Date



North Carolina

Exhibit 4.2.3.1.2

565 of 2658

301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bowen</u>		First Name <u>Howard</u>		Middle Name <u>Lee</u>			
Home Address (NC Residential Address.) <u>1017 East Arcadia Rd.</u>				Mailing Address (if different than home address.) [REDACTED]			
City <u>Riegelwood NC</u>		State <u>NC</u>	Zip Code <u>28456</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>							
You must provide at least one identification number below. (or see instructions)		SSN		Voter Registration No.		Phone (optional)	
NC License or ID Number		<u>X X</u>		Optional		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) [REDACTED]			State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone <u>910.540.9243</u>	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input checked="" type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

10-18-18
DateX
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Hales		First Name Phillip		Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 1070 Hickory Grove Ballpark Rd				Mailing Address (if different than home address.)		
City Bladenboro		State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move: ____/____/____				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) N.C. license or ID Number [REDACTED]				Voter Registration No. Optional		
SSN X X X - X X - [REDACTED]				Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-27-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name HALES		First Name PHILIP		Middle Name	
Home Address (NC Residential Address.) 1070 HICKORY GROVE BALLPARK RD				Mailing Address (If different than home address) RECEIVED APR 30 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: / /			Previous Name (if applicable)		
You must provide at least one identification number SSN X X		Voter Registration No. 000016421		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/30/18
Date

X

Date



State Absentee Ballot Request Form
North Carolina
RECEIVED
SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Dowless</u>		First Name <u>Carolyn</u>		Middle Name <u>R</u>	
Home Address (NC Residential Address.) <u>499 Evers Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number		SSN <u>X</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-25-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

569 of 2658

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Dawless	Cornelia	R.	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
499 Ever Rd.			
City	State	Zip Code	City
Bladenboro	NC	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>1/1/18</u>		Previous Name (if applicable)	
You must provide at least one identification number NC License or ID Number		Registration No.	Phone (optional)
SSN <u>XX</u>			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
Same As Above				
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Maultsby</u>		First Name <u>Clara</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>305 Swanzy Bridge Way Apt #03</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Baden</u>	Previous Name (if applicable)	
If "No," indicate the date of your move:			Voter Registration No. Optional	Phone (optional)	Email (optional)
You must provide at least one identification number NC License or ID Number			SSN		
X					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature X Date 7-29-18 X
Signature of Near Relative/Legal Guardian (if applicable) _____ Date _____



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 571 of 2658

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
 Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Maultsby</u>	First Name <u>Clara</u>	Middle Name <u>M</u>
Home Address (NC Residential Address.) <u>305 Swanzey Bridge Way Apt 103</u>		Mailing Address (If different than home address.)
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
[Redacted]		Phone (optional)
[Redacted]		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 10 2018

TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/9/18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Troy</u>		First Name <u>IRA</u>		Middle Name <u>W</u>			
Home Address (NC Residential Address.) <u>55 Troy Wilks DR</u>				Mailing Address (if different than home address.)			
City <u>Couneil</u>		State <u>NC</u>	Zip Code <u>28434</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>				Registration No.		Phone (optional) <u>874-5976</u>	Email (optional)
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

RECEIVED
OCT 10 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10/9/18x
Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Troy</u>		First Name <u>Ira</u>		Middle Name <u>W</u>	
Home Address (NC Residential Address.) <u>55 Troy Willis Dr</u>				Mailing Address (If different than home address.)	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number <u>XX</u>		Registration No.	Phone (optional) <u>874-5976</u>	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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APR 20 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/20/18
Date

X

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2

574 of 2658



State Absentee Ballot Request Form North Carolina

OCT 05 2013

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov. 6 - 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name GUYTON	First Name RANDY	Middle Name LEE	Suffix
Home Address (NC Residential Address.) 181 SMITHS MILL POND RD.		Mailing Address (If different than home address.)	
City GARLAND	State NC	Zip Code 28441	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1-1</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number X X		Registration No. Optional	Phone (optional) Email (optional) randyguyton@hotmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Randy Guyton 181 Smiths Mill Pond Rd Garland NC 28441	
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan	
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," what is the name and address of the hospital or facility:	
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:	
Requestor's Name (First) (Middle) (Last) (Suffix)	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian
Requestor's Address (City) (State) (Zip Code)	Name of Corporation (If appointed legal guardian)
City	State Zip Code
Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X

Date

Date

Go to www.ncsbe.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form North Carolina

RECEIVED

OCT 05 2018

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Bladen Co. Bd. of Elections

on

Nov. 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

GUYTON

First Name

Connie

Middle Name

S

Suffix

Home Address (NC Residential Address.)

181 SMITHS MILL POND RD.

Mailing Address (If different than home address.)

City

GARLAND

State

NC

Zip Code

28441

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Bladen

Previous Name (if applicable)

If "No," indicate the date of your move: / /

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X

Registration No.

Optional

Phone (optional)

Email (optional)

ConnieSguyton@hotmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

181 Smiths Millpond Rd

Garland

State

NC

Zip Code

28441

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother /sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. Citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

35

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Elect*

Voter Information

Last Name <u>Norris</u>		First Name <u>Charles</u>		Middle Name <u>E</u>	
Home Address (NC Residential Address.) <u>517 Ruskin Rd.</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>OCT 15 2018</u>	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

08-07-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

15

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Childress</u>		First Name <u>Laura</u>		Middle Name <u>Ann</u>	
Home Address (NC Residential Address.) <u>1573 marsh Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
Identification number SSN <u>X X</u>		Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-5-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
 Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name BULLARD	First Name HOPE	Middle Name MCDANIEL
Home Address (NC Resident Address) 128 JA CARROLL RD		Mailing Address (If different than home address.) SAME
City BLADENBORO	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN
Previous Name (if applicable)		
If "No," indicate the date of your move:		
Voter Registration No. (Optional)		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 128 JA CARROLL RD		City BLADENBORO	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-14-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>BULLARD</u>	First Name <u>HOPE</u>	Middle Name <u>M</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>128 J A CARROLL RD</u>		Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification number (NC ID, Driver's License, etc.) [REDACTED]		Voter Registration No. (Optional)		
[REDACTED]		Phone (optional)		
[REDACTED]		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X 1-13-18

Date

Date



State Absentee Ballot Request Form

North Carolina

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Childress</u>		First Name <u>Guy</u>		Middle Name <u>Warren</u>	
Home Address (NC Residential Address.) <u>1573 Marsh Rd</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (SSN, Driver's License, etc.) <u>[Redacted]</u> <u>[Redacted]</u>			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-5-18

X

Date

Date

**State Absentee Ballot Request Form**
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**I am requesting an absentee ballot for the: Primary on 5/8/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>Butler</u>		First Name <u>Ann</u>		Middle Name <u>Freeman</u>		Suffix [Redacted]	
Home Address (NC Residential Address.) <u>813 N. Main St.</u>				Mailing Address (If different than home address.) [Redacted]			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>							
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>				Registration No.		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 516</u>		City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	
				Requestor's Email	

RECEIVED

APR 10 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS**For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)**

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sig

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name
Daniels	Jacqueline	Inman
Home Address (NC Residential Address.)		
1160 Zion Hill Church Rd.		
City	State	Zip Code
Bladenboro	NC	28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If "No," indicate the date of your move:		
You must provide at least one identification number		
NC License or ID Number	SSN	Other Registration No.
	X	Optional
Phone (optional)		
Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
Same as Above				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/1/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name GRAHAM	First Name ODESSA	Middle Name S			
Home Address (NC Residential Address.) 2593 BALTIMORE RD		Mailing Address (If different than home address.)			
City COUNCIL	State NC	Zip Code 28434	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: / /			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN X	Voter Registration No. 00000016959	Phone (optional)	Email (optional)

Absentee Voting Information


Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED OCT 23 2018 </div>				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian REC'D BY BLADEN CO. BD. OF ELECTIONS <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name Sherman L. Graham		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address 2593 Baltimore Rd Council		Name of Corporation (If appointed legal guardian)		
City Council	State NC	Zip Code 28434	Requestor's Phone 910 669-2383	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Sherman L. Graham 10-23-18
Date Date

	<h2 style="margin: 0;">State Absentee Ballot Request Form</h2> <p style="margin: 0;">North Carolina</p> <div style="font-size: 2em; font-weight: bold; opacity: 0.5; position: absolute; top: 10px; left: 10px;">RECEIVED</div> <div style="font-size: 1.5em; font-weight: bold; position: absolute; top: 130px; left: 10px;">OCT 19 2018</div>	<p>NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255</p> <p>PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov</p>
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TIME _____ REC'D BY _____

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Bowen</u>	First Name <u>Nathan</u>	Middle Name <u>—</u>	State <u>NC</u>
Home Address (NC Residential Address.) <u>554 Graham Rd. NC 28456</u>		Mailing Address (if different than home address.) <u>—</u>	
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	City <u>Riegelwood</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: _____		Previous Name (if applicable) _____	
You must provide at least one identification number: NC License or ID Number <u>X</u>		Registration No. _____	Email (optional) _____

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>554 Graham Rd.</u>	City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: _____			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name <u>Darlene Bowen</u>	<input type="checkbox"/> spouse <input checked="" type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>554 Graham Rd.</u>	Name of Corporation (if appointed legal guardian) _____		
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	Requestor's Phone <u>(107) 655-0309</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) _____	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address _____

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

X Darlene Bowen 11-6-18

Date

Date

201



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name <u>Dove</u>		First Name <u>Terry</u>		Middle Name <u>L</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>4471 old Abbottsburg Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>		City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: [REDACTED]				Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number SSN <u>X</u>				Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO box 573</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address	

RECEIVED
MAR 26 2018

Signature of Near Relative/Legal Guardian (if applicable)
[Signature] X



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKoy</u>	First Name <u>Shirley</u>	Middle Name <u>A</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>2129 Vause Rd</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC LI <u>[REDACTED]</u> X X - X X <u>[REDACTED]</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>above</u>	City <u>APR 02 2018</u>	State <u>TIME REC'D BY</u>	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Sig

Signature of Near Relative/Legal Guardian (if applicable)

3/20/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKoy</u>	First Name <u>Daisy</u>	Middle Name <u>MB</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>3395 Cromartie Rd</u>		Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>bladen</u>		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number NC License <u>[REDACTED]</u>		Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

 8/27/18
 Date

 X Daisy B
 Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: **GENERAL ELECTION** on **NOVEMBER 6, 2018**
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Lee		First Name Norris		Middle Name F	
Home Address (NC Residential Address.) 11922 Hwy 242 South				Mailing Address (If different than home address.)	
City Bladen Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 05 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/28/18
Date

X

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2

369 of 2656



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name

SYKES

First Name

DEWEY

Middle Name

HENRY

Suffix

Home Address (NC Residential Address.)

253 BUTTERS CEMETERY RD.

Mailing Address (if different than home address.)

City

BLADENBORO

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move: / /

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X X - X X -

Voter Registration No.

Optional

Phone (optional)

Mail (optional)

RECEIVED

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother /sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Guardian (if applicable)

X

9-29-18

Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Purdie	Pearline			
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)		
549 Hwy 410				
City	State	Zip Code	City	State
Bladenboro	NC	28320		
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No.		
NC License or ID Number		Phone (optional)		
SSN		Email (optional)		
X X X - X X		APR 09 2018		

RECEIVED

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
Same				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
(First) (Middle) (Last) (Suffix)		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
City		Name of Corporation (if appointed legal guardian)		
State		Requestor's Phone		
Zip Code		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

4/4/18 X

Date

Date

Go to [www.bladen.gov](#) to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1-2

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

715

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Marchmon</u>	First Name <u>Jerome</u>	Middle Name <u>Jerry</u>
Home Address (NC Residential Address.) <u>1872 Twisted Hickory</u>		Mailing Address (if different than home address.)
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Phone (optional)
Voter Registration No. Optional		Email (optional)

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City <u>OCT 15 2018</u>	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on NOV 6 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>BRISSON</u>		First Name <u>Edgar</u>		Middle Name <u>William</u>	
Home Address (NC Residential Address.) <u>142 BRISSON RD</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number		Voter Registration No. <u>000051869</u>		Phone (optional)	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>142 BRISSON RD</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 17 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only)
Current Address (Address where you are currently stationed or living overseas.)		<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature <u>X</u>	Signature of Near Relative/Guardian (if applicable) <u>10-16-18 X</u>
Date	Date



State Absentee Ballot Request Form

North Carolina

APR 30 2018

TIME _____ REC'D BY _____
BLADEN CO. DD. OF ELECTIONS

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-2018
Election Date

Voter Information

Last Name <u>BRISSON</u>	First Name <u>Edgar</u>	Middle Name <u>William</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>142 BRISSON Rd</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)	Email (optional)
SSN [REDACTED] X X X - X X [REDACTED]		<u>000000051869</u>	<u>867-4573</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>142 BRISSON Rd</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-29-18 X Lady Cole Brisson 4-29-2018
Date Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2008

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Smith</u>		First Name <u>Mary</u>		Middle Name <u>O</u>	
Home Address (NC Residential Address.) <u>PO Box 2515 Sand Pit r</u>				Mailing Address (If different than home address.) <u>PO Box 2515</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number _____ SSN _____			Voter Registration No. Optional _____		Phone (optional) _____
					Email (optional) _____

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>McPhail</u>		First Name <u>Karen</u>		Middle Name <u>A.</u>	
Home Address (NC Residential Address.) <u>195 Hickory Hill Dr</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification SN <u>X</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
CAIN	EDWARD	RAY	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
11614 NC 242 HWY. S.			
City	State	Zip Code	
BLADENBORO	NC	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move:		BLADEN	
You must provide at least one identification		Registration No.	Phone (optional)
[Redacted]		[Redacted]	910 648-4510
[Redacted]		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
11614 NC 242 Hwy. South		Bladenboro	NC	28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email
				648-4510

RECEIVED

OCT 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

X [Redacted Signature]

Date

Signature of Near Relative/Guardian (if applicable)

X [Redacted Signature]

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name CAIN		First Name GAIL		Middle Name LEWIS		Suffix [REDACTED]	
Home Address (NC Residential Address.) 11614 NC 242 HWY. S.				Mailing Address (If different than home address.)			
City BLADENBORO		State NC	Zip Code 28320	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move:							
You must provide at least one identification number: SSN X				Registration No. [REDACTED]	Phone (optional) 910 648-4510	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 11614 NC 242 Hwy South		City Bladenboro		State NC	Zip Code 28320
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <small>(First) (Middle) (Last) (Suffix)</small>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian) OCT 17 2018			
City		State	Zip Code	Requestor's Phone	Requestor's Email TIME REC'D BY BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

10-17-18
Date

X
Date

E.gov to check your voter registration or absentee voting status.

SEE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Young</u>	First Name <u>Angeline</u>	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>148 Lewis DR</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
Voter Registration No. [REDACTED] X X - X X [REDACTED]		Phone (Optional) [REDACTED]		

RECEIVED
 APR 20 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>above</u>	City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/18/18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

68

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Ward</u>		First Name <u>Donna</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>1568 Tar Heel Rd.</u>				Mailing Address (If different than home address.)	
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC License or ID Number)			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6/16/18

X

Date

Date

P-60



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on 5-9-19
Election Type (Primary, General/Municipal, Special, etc.)

Voter Information

Last Name <u>Ward</u>		First Name <u>Donna</u>	Middle Name [REDACTED]	
Home Address (NC Residential Address.) <u>1568 Tar Heel Rd.</u>			Mailing Address (if different than home address.)	
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	
If "No," indicate the date of your move: You must provide at least one identification [REDACTED] X			Previous Name (if applicable)	
Voter Registration No. Optional			Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/13/17 X
Date

Date



State Absentee Ballot Request Form

North Carolina

AUG 22 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>DAVIS</u>		First Name <u>Ricky</u>		Middle Name <u>Lee</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1563 Tar Heel Rd</u>				Mailing Address (If different than home address.)		
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]			Voter Registration No. Optional		Phone (optional) Email (optional)	
You must provide at least one identification number: [REDACTED]						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	
[REDACTED]			

Signature of Near Relative/Legal Guardian (if applicable)

 6/30/18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Davis	Ricky	Lee		
Home Address (NC Residential Address.)			Mailing Address (If different than home address.)	
1525 TAR Heel Rd				
City	State	Zip Code	City	State
TAR Heel	NC	28392		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	
If "No," indicate the date of your move:			Previous Name (if applicable)	
You must provide at least one identification <input checked="" type="checkbox"/> SSN <input type="checkbox"/> X			Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
Same as Above				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-16-18 X

Date

Date



Exhibit 4.2.3.1.2

603 of 2658

State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>DAVIS</u>		First Name <u>Ricky</u>		Middle Name	Suff
Home Address (NC Residential Address.) <u>1563 Tar Heel Rd.</u>				Mailing Address (If different than home address.)	
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Registration No.	Phone (optional)	Email (optional)
<u>X X</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely
- Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-29-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 12 2018

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.
BLADEN CO. BO. OF ELECTIONS

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Alley</u>		First Name <u>Julia</u>		Middle Name <u>Hester</u>	
Home Address (NC Residential Address.) <u>296 Hester Mill Rd</u>				Mailing Address (if different than home address.) [REDACTED]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below (or see instructions) [REDACTED] SSN <u>XX</u>			Voter Registration No.		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>296 Hester Mill Rd</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Dennis Ray Pait</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>296 Hester Mill Rd</u>		Name of Corporation (if appointed legal guardian)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone <u>463-4487</u>	Requestor's Email <u>DPait@EC.RR.com</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

X Dennis Ray Pait 10-12-18
Date Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Britt</u>		First Name <u>Billy</u>		Middle Name <u>R</u>	
Home Address (NC Residential Address.) <u>145 Edd Sessoms Rd</u>				Mailing Address (If different than home address.)	
City <u>Clanton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification SSN <u>X</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepparent
		<input type="checkbox"/> legal guardian	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only)
Current Address (Address where you are currently stationed or living overseas.)		<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
		Fax Number or Email Address

Sign

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name HESTER		First Name LINDA		Middle Name T	Suffix [REDACTED]
Home Address (NC Residential Address.) PO BOX 817				Mailing Address (If different than home address.) [REDACTED]	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number [REDACTED]			Voter Registration No. [REDACTED]	Phone (optional) 910-863-3743	Email (optional) 910-863-3743

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Linda T Hester		City Bladenboro	State N.C.	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> sibling <input type="checkbox"/> son-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email REC'D BY BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) [REDACTED]	Signature of Near Relative/Guardian (if applicable) [REDACTED]
Date	Date

VISIT WWW.NCSBE.GOV TO CHECK YOUR VOTER REGISTRATION OR ABSENTEE VOTING STATUS.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>WALTERS</u>		First Name <u>Robert</u>		Middle Name <u>Orville</u>	
Home Address (NC Residential Address.) <u>507 Sun Park Rd.</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro, NC</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)
<u>X X</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 621</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email
<div style="text-align: center;"> RECEIVED OCT 20 2018 TIME _____ REC'D BY _____ BLADEN CO. BD. OF ELECTIONS </div>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-7-18 X
Date

Date

202

Exhibit 4.2.3.1.2

608 of 2658



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 13 2018

TIME _____ REC'D BY _____ PHONE: 910-862-6951
 BLADEN CO. BD. OF ELECTIONS elections@bladenco.org

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address
 PO Box 512
 Elizabethtown NC 28337

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary on 5-8-18
 Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Walters</u>	First Name <u>Linda</u>	Middle Name <u>Ann</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>550 Sunset Park Rd.</u>		Mailing Address (If different than home address.) <u>P.O. Box 621</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification SSN <u>[REDACTED]</u> <input checked="" type="checkbox"/> X		Voter Registration No. Optional	Phone (optional) <u>910-874-3324</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 621</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Sign

X

Signature of Near Relative/Legal Guardian (if applicable)

X 12-12-17

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on Nov 6, 2018

Voter Information

Last Name ANDREWS		First Name SARAH		Middle Name ALICE	
Home Address (NC Residential Address.) 2137 Spring Branch Rd				Mailing Address (if different than home address.) P.O. Box 152	
City TAR HEEL	State NC	Zip Code 28392	City TAR HEEL	State NC	Zip Code 28392
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number [REDACTED]			Voter Registration No. [REDACTED]		Phone (optional) [REDACTED]
			Email (optional) [REDACTED]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State		Zip Code	
				NC		28392	
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address				Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email			

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

X

Date

Signature of Near Relative/Guardian (if applicable)

X Alice M. Andrews

10/7/18

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

EXHIBIT 4.2.3.1.2

610 of 2658



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

on

10/11/18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
TATUM	LARRY	G	JR
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
864 SWEET HOME CHURCH RD.		864 SWEET HOME CHURCH RD.	
City	State	Zip Code	City
ELIZABETHTOWN	NC	28337	ELIZABETHTOWN
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: 1-1		Bladen	
Previous Name (if applicable)			
You must provide at least one identification number: NC License or ID Number		Registration No.	Phone (optional)
SSN		Optional	Email (optional)
X X			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
864 SWEET HOME CHURCH RD.		ELIZABETHTOWN	NC	28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City		State	Zip Code	
		Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☒ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Date

Signature of Near Relative/Guardian (if applicable)

X

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Velande</u>		First Name <u>Hattie</u>		Middle Name <u>Bell</u>	
Home Address (NC Residential Address.) <u>3410 Hwy 53E</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. <i>Optional</i>	Phone (optional)	Email (optional)
<u>X X</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>3410 Hwy 53E</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

08-22-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Tolliver</u>		First Name <u>Betty</u>		Middle Name	
Home Address (NC Residential Address.) <u>701 Ash St</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>					
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> <u>[Redacted]</u>		SSN <input checked="" type="checkbox"/> <u>[Redacted]</u>	Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
<p>If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. TIME <u>10:10</u> REC'D BY <u>BLADEN CO. BD. OF ELECTIONS</u></p> <p><input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian</p>				
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility:</p>				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (if applicable) <u>[Redacted]</u> Date <u>10-9-18</u>	Signature of Near Relative/Guardian (if applicable) <u>X</u> Date
--	---



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name PRIEST		First Name MAXINE		Middle Name THOMPSON	
Home Address (NC Residential Address.) 510 N SINGLETARY ST				Mailing Address (If different than home address.)	
City CLARKTON		State NC	Zip Code 28433	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence BLADEN	
If "No," indicate the date of your move: / /				Previous Name (if applicable)	
You must provide at least one identification number NC License or ID Number SSN X X X		Registration No. 0018585		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)				City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	
TIME OCT 27 2018 REC'D BY BLADEN CO. BD. OF ELECTIONS						

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely
 Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
 Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name Murphy		First Name Sarah		Middle Name	
Home Address (NC Residential Address.) 3512 NC 242 S				Mailing Address (if different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN X X	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name Stuart Neil Murphy		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address 3512 NC 242 S		Name of Corporation (if appointed legal guardian)		
City Elizabethtown	State NC	Zip Code 28337	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 615 of 2658 201

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Harrelson</u>		First Name <u>Troy</u>		Middle Name <u>Cris</u>	
Home Address (NC Residential Address.) <u>315 Ash St</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 597</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-22-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Harrelson</u>	First Name <u>Troy</u>	Middle Name <u>Cris</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>315 Ash Street</u>		Mailing Address (If different than home address.) <u>P.O. Box 597</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable) RECEIVED	
If "No," indicate the date of your move: [REDACTED]		Voter Registration No. Optional	Phone (optional) <u>APR 15 2018</u>	Email (optional)
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		TIME REC'D BY BLADEN CO. BD. OF ELECTIONS		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 597</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: [REDACTED]			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-8-18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

SEP 21 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

Ginger
Cherry

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Carlyle</u>		First Name <u>Gene</u>		Middle Name <u>Michael</u>	
Home Address (NC Residential Address.) <u>1034 5th Street</u>				Mailing Address (If different than home address.) <u>P.O. Box 598</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>	Voter Registration No. Optional		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 598</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepchild
			<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

7/22/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name <u>McPherson</u>		First Name <u>Martha</u>		Middle Name <u>Ray</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>1337 Barry Lewis Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

3-14-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 619 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Year

Voter Information

Last Name <u>Richardson</u>		First Name <u>Sabrina</u>		Middle Name <u>L.</u>	
Home Address (NC Residential Address.) <u>8110 Hwy 53 West</u>				Mailing Address (If different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification number: NC License or ID Number		SSN <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Voter Registration No. Optional	Phone (optional)	Email (optional)

RECEIVED
OCT 02 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-22-2018
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name M^c GUINNESS	First Name JAMES	Middle Name PATRICK	Suffix MR	
Home Address (NC Residential Address.) 306 GODDEN STREET		Mailing Address (If different than home address.) SAME		
City ELIZABETHTOWN	State NC	Zip Code 28337	City SAME	State SAME Zip Code SAME
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN	Previous Name (if applicable) N/A	
If "No," indicate the date of your move: [Redacted]				
You must provide at least one identification number (NC Driver's License, ID Card, or Social Security Number) [Redacted]		Voter Registration No. N/A	Phone (optional) 910-874-0260	Email (optional) N/A

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 306 GODDEN STREET		City ELIZABETHTOWN	State NC	Zip Code 28337
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: N/A				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name N/A	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian) RECEIVED		
City	State	Zip Code	Requestor's Phone	Requestor's Email JUN 20 2018
TIME REC'D BY BLADEN CO. BD. OF ELECTIONS				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: N/A	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [Redacted]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6/19/18 X
Date

N/A
Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723
elections.sboe@ncsbe.gov

FAX: 919-715-0135

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

November

2018

Election Date

Voter Information

Last Name

PHILLIPS

First Name

MYRNA

Middle Name

R

Suffix

Home Address (NC Residential Address.)

1334 BETHEL CHURCH RD.

Mailing Address (If different than home address.)

1334 Bethel Church Rd.

City

TAR HEEL

State

NC

Zip Code

28392

City

TAR Heel

State

N.C

Zip Code

28392-9426

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

BLADEN

Previous Name (if applicable)

If "No," indicate the date of your move: / /

You must provide at least one identification number below (for see instructions)

SSN

X X

Voter Registration No.

Optional

Phone (optional)

862-2665

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

TAR Heel, N.C

State

N.C

Zip Code

28392-9426

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☒ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☒ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Address

TIME

REC'D BY

BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

X Pansy HARDY

September 28 2018

Daughter

40



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Tatum</u>		First Name <u>Maria</u>		Middle Name <u>Delena</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>4257 Sweet Home Church Rd</u>				Mailing Address (If different than home address.) [REDACTED]		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]			Voter Registration No. Optional		Phone (optional)	Email (optional)
You must provide at least one identification [REDACTED]						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>4257 Sweet Home Ch. Rd</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

X

8/18/18
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS **623 of 2658**

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Gore</u>		First Name <u>Valerie</u>		Middle Name <u>Laretia</u>	
Home Address (NC Residential Address) <u>75 Florence Dr</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/16/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>LANIER</u>	First Name <u>PAMELA</u>	Middle Name <u>M</u>			
Home Address (NC Residential Address.) <u>806 MOULTRIE LN</u>			Mailing Address (if different than home address.)		
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
Previous Name (if applicable)					
F "No," indicate the date of your move: <u>1-1-1</u>					
You must provide at least one identification number: NC License or ID Number <u>XX X</u>			Registration No.	Phone (optional) <u>910 723-6482</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)
Fax Number or Email Address

☐ Mail ☐ Fax ☐ Email

RECEIVED

APR 25 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

4-24-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Cromartie</u>		First Name <u>Bernadette</u>		Middle Name <u>Wooten</u>	
Home Address (NC Residential Address.) <u>78 Pompie Rd.</u>				Mailing Address (If different than home address.) <u>PO Box 602</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Dublin, NC</u>	State <u>NC</u>	Zip Code <u>28332</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: _____			Previous Name (if applicable) _____		
You must provide at least one identification [Redacted] <input checked="" type="checkbox"/> X			Voter Registration No. Optional		Phone (optional) _____
			Email (optional) _____		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)
☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Form
North Carolina
Exhibit 4.2.3.1.2

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512 626 of 2658
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Pridgen</u>	First Name <u>Clifton</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>10759 St College St Apt 2K</u>		Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>		Voter Registration No. Optional	Phone (optional)
Identification number below. (or see instructions) SSN <u>X X X - X X - </u>		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8-18-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name BENTON		First Name PAMELA		Middle Name AVANT	
Home Address (NC Residential Address.) 246 LEE ST.				Mailing Address (If different than home address.) P.O. BOX 778	
City BLADENBORO	State NC	Zip Code 28320	City BLADENBORO	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC License or ID Number, or SSN)			Voter Registration No. (Optional)		Phone (optional) 910-874-0228
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. BOX 778			City BLADENBORO	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.					
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

RECEIVED

SEP 07 2018

TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

9-6-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Richardson</u>		First Name <u>Shirley</u>		Middle Name <u>Regina</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>210 Council-Richardson Dr.</u>				Mailing Address (If different than home address.)		
City <u>Tar Heel</u>	State <u>N.C.</u>	Zip Code <u>28392</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]			Voter Registration No. Optional		Phone (optional)	Email (optional)
You must provide at least one identification number: NC License or ID Number [REDACTED] SSN [REDACTED]						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-18-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18

Election

Voter Information

Last Name <u>McPherson</u>		First Name <u>Michael</u>		Middle Name	
Home Address (NC Residential Address.) <u>13506 Twisted Hickory Rd.</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

RECEIVED

Signature of Near Relative/Legal Guardian (if applicable)

Date

2-10-18 X

Date

202



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

TIME REC'D BY
BLADEN CO. ED. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	State
JOHNSON	ANTHONY	J	
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)	
303 PECAN ST. (2-H)			
City	State	Zip Code	City
BLADENBORO	NC	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
		Bladen	
If "No," indicate the date of your move:		Previous Name (if applicable)	
You must provide at least one identification number		Registration No.	Phone (optional)
NC License or ID Number			Email (optional)
X X X			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
303 PECAN ST (2-H)		BLADENBORO	NC	28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5-27-18 X

Date

Date

Go to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
 P.O. Box 512
 Elizabethtown, NC 28337

MAR 13 2018

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Johnson</u>	First Name <u>ANTHONY</u>	Middle Name <u>JENNINGS</u>	Suffix
Home Address (NC Residential Address.) <u>303 PECAN ST (2-H)</u>		Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>1/1/18</u>		Previous Name (if applicable)	
You must provide at least one identification number: NCLicense or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Registration No.	Phone
		Email	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

OR

Signature of Near Relative/Legal Guardian (if applicable)

0-3-18
 Date

X
 Date

Go to www.bladenco.org to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Leake		First Name Samuel		Middle Name	
Home Address (NC Residential Address.) 1547 NC 410				Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1			Previous Name (if applicable)		
You must provide at least one identification number SSN X		Voter Registration No. Optional		Phone (optional) Email (optional)	

RECEIVED
OCT 04 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1547 NC 410		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-1-18 X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

EXHIBIT 4.2.3.1.2

633 of 2658



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

on Election Date
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name BAXLEY		First Name HELEN		Middle Name LUCILLE	Suffix
Home Address (NC Residential Address.) 565 WILLIAM BURNEY RD.				Mailing Address (If different than home address.)	
City TAR HEEL	State NC	Zip Code 28392	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen	Previous Name (if applicable)	
If "No," indicate the date of your move:			Registration No.	Phone (optional)	Email (optional)
You must provide at least one identification NC License or ID Number X			Optional	910-866-4966	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 565 William Burney Road		City Tar Heel	State N.C.	Zip Code 28392
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 15 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X

Date

voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

P-60
Exhibit 4.2.3.1.2

634 of 2658

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State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

PO BOX 512

Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

CL

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5/8/18
Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Walters	Renee		
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
119 Mill St			
City	State	Zip Code	City
Tarheel	NC	28352	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: 1/1/		Bladen	
You must provide at least one identification number NC License or ID Number		Registration No.	Phone (optional)
SSN		Email (optional)	
X X			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
Same				
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Young</u>	First Name <u>Alphonzo</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>5596 Lisbon Rd</u>		Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX -</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>above</u>	City <u>Bladen</u>	State <u>NC</u>	Zip Code
<p>If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference:</p> <p><input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p>			
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>If "Yes," what is the name and address of the hospital or facility:</p>			
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

<p>Select one of the options below to qualify as a military or overseas voter:</p> <p><input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.</p> <p><input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely</p>	
Current Address (Address where you are currently stationed or living overseas.)	<p>Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email</p> <p>Fax Number or Email Address</p>

Signature X Date 3/20/18 Signature X (cable)



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina
RECEIVED
SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

636 of 2658
Ginger Cherry 2018

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Spurling</u>		First Name <u>Kim</u>		Middle Name <u>Margaret</u>	
Home Address (NC Residential Address.) <u>104 Ivey St.</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>		State <u>N.C.</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>N.C.</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move:		Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification number: NC License or ID Number <u>SSN</u> <u>X X</u>		Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 261</u>		City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-19-2018 X Kim Spurling
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

RECEIVED
MAR 13 2018

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Spurling</u>	First Name <u>Kim</u>	Middle Name <u>M</u>	[REDACTED]		
Home Address (NC Residential Address.) <u>401 Edwards AVE</u>			Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1-1-18</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>X</u> <u>X</u> <u>X</u>			Registration No.	Phone	Email

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

OR Signature of Near Relative/Legal Guardian (if applicable)

10-2-18 X

Date

Date

Go to [www.bladenco.org](#) to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <i>Peterson</i>		First Name <i>Reginald</i>		Middle Name <i>D</i>	
Home Address (NC Residential Address.) <i>673 Highland St Rd</i>				Mailing Address (If different than home address.)	
City	State	Zip Code	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <i>Bladen</i>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN	Voter Registration No. Optional		Phone (optional)
X X					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.		<div style="text-align: right;"> RECEIVED OCT 29 2018 TIME 10:00 AM BLADEN CO. BD. OF ELECTIONS </div>		
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only. (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/24/18
Date

X Angela Frazier

10-23-18
Date



State Absentee Ballot Request Form 2

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

639 of 2658

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cromartie</u>		First Name <u>Sanice</u>		Middle Name <u>M</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>491 Mt Olive Rd</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City			
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		Phone (optional)	
NC License or ID Number SSN <u>X X X - X X -</u>					Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
(First) (Middle) (Last) (Suffix)		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
City		State	Zip Code	Name of Corporation (if appointed legal guardian)
Requestor's Phone		Requestor's Email		

RECEIVED
OCT 17 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Fax Number or Email Address	

Sig <u>[Signature]</u>	Signature of Relative/Near Guardian (if applicable) <u>X</u>
<u>10/17/18</u> Date	<u> </u> Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cromatic</u>	First Name <u>Danice</u>	Middle Name <u>M</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>491 Mt Olive Rd</u>		Mailing Address (If different than home address.) <u></u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable) <u></u>	
You must provide at least one identification number below. (or see instructions) NC <u>XXXXXXXXXX</u>		Voter Registration No. Optional	Phone (optional) <u></u>
		Email (optional) <u></u>	

RECEIVED
 APR 20 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City <u>Bladen Co. Bd of Elections</u>	State <u>NC</u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

4/19/18 X
 Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Williams</u>		First Name <u>Divian</u>		Middle Name <u>D</u>	
Home Address (NC Residential Address.) <u>1131 White Oak Rd</u>				Mailing Address (If different than home address.) <u>61-25 97th St #14K</u>	
City <u>Kelly</u>	State <u>NC</u>	Zip Code <u>28448</u>	City <u>Rego Park</u>	State <u>NY</u>	Zip Code <u>11374</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XX</u>			Motor Registration No. <u>910/874-3861</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>*</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> daughter-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	TIME REC'D BY BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

01/11/18
Date

X

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Hester</u>		First Name <u>Barbara</u>		Middle Name <u>Sean</u>	
Home Address (NC Residential Address.) <u>1168 Old Abbottsburg Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number <u>X X</u>		SSN <u>X X</u>	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1168 Old Abbottsburg Rd</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
(Military/Overseas Voters Only)
☐ Mail☐ Fax☐ Email

Fax Number or Email Address

TIME REC'D BY

BLADEN CO. BD. OF ELECTIONS

Signature of Voter

Signature of Near Relative/Legal Guardian (if applicable)

1-19-18

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name Bowen		First Name Vereda		Middle Name Lynette	
Home Address (NC Residential Address.) 462 Troy & Graham Rd.				Mailing Address (If different than home address.)	
City Riegelwood		State NC	Zip Code 28456	City	State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		Previous Name (if applicable)	
if "No," indicate the date of your move:		Voter Registration No. Optional		Phone (optional)	Email (optional)
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone 910.515.5487	Requestor's Email OCT 30 2018

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TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

10/25/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

Exhibit 4.2.3.1.2

AUG 17 2018

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>HENRY</u>	First Name <u>Pamela</u>	Middle Name <u>V</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>282 McAdam Drive Etown</u>		Mailing Address (If different than home address.) <u>P.O. Box 2742 Etown NC 28337</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u> Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number	SSN <u>X X X - X X -</u>	Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sig [Signature] Signature of Near Relative/Legal Guardian (if applicable)
Date 8-19-18 X
Date

USE THIS APPLICATION TO VOTE-BY-MAIL

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State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: mid term on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name DEAN	First Name BRENDA	Middle Name COX	Suffix Mrs
Home Address (NC Residential Address.) 8664 CENTER RD.		Mailing Address (If different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (If applicable)
If "No," indicate the date of your move:		Registration No. Optional	Phone (optional) Email (optional)
You must provide at least one identification: NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 8664 Center RD.		City Bladenboro	State NC	Zip Code 28320
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If applicable)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

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OCT 15 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sign

Signature of Near Relative/Guardian (if applicable)

X

10-11-18x

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Sowers	First Name Leomia	Middle Name H	Suffix [REDACTED]
Home Address (NC Residential Address.) 390 Twisted Hickory #3		Mailing Address (If different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)	
You must provide at least one identification [REDACTED]		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above	City	State	Zip Code
<p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot type: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p> <p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility: [REDACTED]</p>			
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p> <p>Requestor's Name [REDACTED]</p> <p><input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian</p>			
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	
Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-28-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

647 of 2658

301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Webb</u>		First Name <u>Missouri</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>1222 Kennedy Store Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Riegelwood</u>		State <u>NC</u>	Zip Code <u>28456</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>[REDACTED]</u>	
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable) <u>[REDACTED]</u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>				Voter Registration No. Optional <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
				Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>[REDACTED]</u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>910.655.2126</u>	Requestor's Email <u>[REDACTED]</u>

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OCT 15 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Near Relative/Legal Guardian (if applicable)

10/14/2018 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Murphy</u>		First Name <u>Stuart</u>		Middle Name <u>Neil</u>	
Home Address (NC Residential Address.) <u>3512 NC 242 S</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number <u>XX</u>		SSN <u>XX</u>	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Independent <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information, and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> child	<input type="checkbox"/> son-in-law	<input type="checkbox"/> grandparent
	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepparent
	<input type="checkbox"/> legal guardian	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law	
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9/6/18 X

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Autry		First Name Regina		Middle Name	
Home Address (NC Residential Address.) 171 Avenue Ave				Mailing Address (if different than home address.)	
City White Oak	State NC	Zip Code 28399	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number		SSN	Voter Registration No.	Phone (optional)	Email (optional)
X					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 171 Avenue Ave		City White Oak	State NC	Zip Code 28399
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
		OCT 30 2018		
City	State	Zip Code	Requestor's Phone	Requestor's Email
				RECD BY: BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10.25.18

X

Date

Date

Ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
 BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2

650 of 2656



State Absentee Ballot Request Form North Carolina

RECEIVED

OCT 05 2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name COUNCIL		First Name LAVERA		Middle Name DANANG	
Home Address (NC Residential Address.) 6329 CHICKENFOOT RD.				Mailing Address (if different than home address.)	
City SAINT PAULS		State NC	Zip Code 28384	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen	
If "No," indicate the date of your move: 1-1				Previous Name (if applicable)	
You must provide at least one identification NC License or ID Number		Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 6329 Chickenfoot Rd.		City St. Pauls	State N.C.	Zip Code 28384
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

Date

Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 651 of 2658

State Absentee Ballot Request Form

North Carolina

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name
Harris	Sarah	E
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)
315 Midway Dr		
City	State	Zip Code
Bladenboro	NC	28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move: / /		Bladen
You must provide at least one identification number (SSN, Driver's License, etc.)		Registration No. (Optional)
[Redacted] X X		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
same as above				
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-14-18 X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Todd</u>		First Name <u>Shane</u>		Middle Name <u>Charleston</u>	
Home Address (NC Residential Address.) <u>85 Old Abbottsburg Rd.</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u>			Voter Registration No. Optional		
SSN <u>X X</u>			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>85 Old Abbottsburg Rd.</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 01 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9/26/2018
Date

X

9/26/2018
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name TODD	First Name SHANE	Middle Name CHARLESTON	Suffix	Date of Birth
Home Address (NC Residential Address.) 85 OLD ABBOTTSBURG ROAD		Mailing Address (If different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN	Previous Name (if applicable)	
If "No," indicate the date of your move:		County Registration No. Optional	Phone (optional)	Email (optional)
You must provide at least one identification number (NC Driver's License, NC ID Card, or US Passport)				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)
☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

3/17/18X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAY 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

TIME: _____
RECEIVED BY: _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Denkins</u>		First Name <u>Rama</u>		Middle Name <u>A</u>	
Home Address (NC Residential Address.) <u>1708 MLK</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2010

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Election*

Voter Information

Last Name <u>McAllister</u>	First Name <u>Vickie</u>	Middle Name <u>G</u>
Home Address (NC Residential Address.) <u>2535 Hwy 242 N</u>		Mailing Address (if different than home address.)
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number (NC Driver's License or ID Number, SSN, etc.)		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/27/10 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 08 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Parker</u>		First Name <u>Darria</u>		Middle Name <u>Tyler</u>	
Home Address (NC Residential Address.) <u>4369 NC Hwy 211</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>4309 NC Hwy 211</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-6-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Caeneral on NOV, 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Dove</u>		First Name <u>June</u>		Middle Name <u>Brisson</u>	
Home Address (NC Residential Address.) <u>37 Brisson Rd</u>				Mailing Address (if different than home address) [REDACTED]	
City <u>Bladenboro</u>	State <u>nc</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number [REDACTED]		SSN <u>X</u>	Voter Registration No. <u>20223</u>	Phone (optional) <u>910 876-1071</u>	Email (optional) <u>jdove440@gmail.com</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>37 Brisson Rd</u>		City <u>Bladenboro</u>	State <u>nc</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 17 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/14/18 X
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: **GENERAL ELECTION** on **NOVEMBER 6, 2018**
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name MURRAY		First Name Elouise		Middle Name	
Home Address (NC Residential Address.) 89 Lossie MURRAY Rd				Mailing Address (If different than home address.)	
City Kelly	State NC	Zip Code 28448	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 30 2018

TIME REC'D BY

BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-27-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 659 of 2658

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Simpson</u>		First Name <u>Lavon</u>		Middle Name <u>S.</u>	
Home Address (NC Residential Address.) <u>209 Mercer Rd. Apt 2-H</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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APR 10 2018

TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>MARTIN</u>	First Name <u>Jerry</u>	Middle Name <u>P</u>	Suffix
Home Address (NC Residential Address.) <u>2799 Purdie church rd</u>		Mailing Address (If different than home address.)	
City <u>TARHEEL</u>	State <u>NC</u>	Zip Code <u>28392</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1-1-18</u>		Voter Registration No.	Phone (optional)
You must provide at least one identification number below (see instructions)		Email (optional)	
SSN <u>XX</u>			

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

2-19-17 X
Date Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Priest</u>		First Name <u>Daniel Leon</u>		Middle Name <u>Russell</u>	Suffix <u>III</u>
Home Address (NC Residential Address.) <u>307 Keith Ave</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification number (NC License, Driver's License, etc.) [REDACTED] X			Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>307 Keith Ave</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> son-in-law	<input type="checkbox"/> brother/sister <input type="checkbox"/> grandchild <input type="checkbox"/> daughter-in-law	<input type="checkbox"/> parent <input type="checkbox"/> stepchild <input type="checkbox"/> legal guardian	<input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> other-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Signature <u>RECEIVED</u> <u>OCT 12 2018</u> TIME REC'D BY <u>BLADEN CO. BD. OF ELECTIONS</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address
Signature of Near Relative/Legal Guardian (if applicable) [REDACTED]	
Date <u>10/9/2018</u>	Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2013

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P35

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Singleterry</u>	First Name <u>Tammy</u>	Middle Name <u>L</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>4320 HWY 53 West</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Whiteoak</u>	State <u>NC</u>	Zip Code <u>28399</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>[REDACTED]</u>			
You must provide at least one identification NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-3-18 X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2

663 of 2658



State Absentee Ballot Request Form

North Carolina

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OCT 05 2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255PHONE: 1-866-522-4723
elections.sboe@ncsbe.gov

FAX: 919-715-0135

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS F FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL

on

11/6/2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

POPE

First Name

ELIZABETH

Middle Name

FAIRCLOTH

Suffix

Home Address (NC Residential Address.)

9754 N. COLLEGE ST.

Mailing Address (If different than home address.)

City

CLARKTON

State

NC

Zip Code

28433

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

BLADEN

Previous Name (if applicable)

If "No," indicate the date of your move: 1/1

You must provide at least one identification number:
NC License or ID Number

SSN

X X

Registration No.

Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

9754 N. COLLEGE ST.

City

CLARKTON

State

NC

Zip Code

28433

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.☐ Democratic☐ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse☐ brother /sister☐ parent☐ grandparent☐ stepparent☐ child☐ grandchild☐ stepchild☐ mother-in-law☐ father-in-law☐ son-in-law☐ daughter-in-law☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

S

Signature of Near Relative/Guardian (if applicable)

10/1/2018

X

Date

Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

33192182763 NC8W1121975 CVNC

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name ELLIS		First Name CAROLYN		Middle Name JACKSON	Suffix	Date of Birth
Home Address (NC Residential Address.) PO BOX 1513				Mailing Address (If different than home address.)		
City BLADENBORO	State NC	Zip Code 28320		City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		
If "No," indicate the date of your move:				Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number				Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 1513		City Bladenboro	State N.C.	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	
		Requestor's Email		

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OCT 11 2013

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (or near relative/guardian)	Signature of Near Relative/Guardian (if applicable)
	X
Date	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Williams</u>		First Name <u>Melvin</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>704 Fox St.</u>				Mailing Address (If different than home address.) <u>P.O. Box 1449</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number SSN <u>X X X</u>		Registration No.		Phone (optional)	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1449</u>		City <u>Elizabethtown</u>		State <u>NC</u>		Zip Code <u>28337</u>	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility: <u>Elizabethtown Nursing</u>							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name <u>Jewell L. Smith</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input checked="" type="checkbox"/> legal guardian					
Requestor's Address <u>701 Fox St</u>		Name of Corporation (If appointed legal guardian)					
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910-862-2989</u>		Requestor's Email <u>[REDACTED]</u>		

RECEIVED

OCT 26 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

elect one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

12/23/18

Date

Jewell L. Smith

10/23/18

Date

Check your voter registration or absentee voting status.

506



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Ward</u>	First Name <u>Brenda</u>	Middle Name <u>LEE</u>	Suffix [Redacted]
Home Address (NC Residential Address) <u>2852 Twisted Hickory Rd</u>		Mailing Address (If different than home address.) <u>Elizabethtown</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: [Redacted]		Previous Name (if applicable)	
You must provide at least one identification number: [Redacted]		Voter Registration No. Optional	Phone (optional) <u>910-874-2252</u>
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2852 Twisted Hickory Rd</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [Redacted]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-24-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Ward</u>	First Name <u>Brenda</u>	Middle Name <u>Lee</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>2852 Twisted Hickory Rd.</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number (NC ID, Driver's License, etc.) [REDACTED]		Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

May 08, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Smith	First Name Amy	Middle Name Leanne	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 589 Webb Faulk Rd		Mailing Address (If different than home address.) PO Box 908		
City Bladenboro	State NC	Zip Code 28320	City Bladenboro	State NC
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: ____/____/____		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC [REDACTED] XX - XX - [REDACTED]		Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO Box 908		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/9/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
OCT 04 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Ellis		First Name Linda		Middle Name Mae	Suffix [REDACTED]
Home Address (NC Residential Address.) 339 Butlers Cemetery				Mailing Address (If different than home address.) [REDACTED]	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number [REDACTED]			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

May 8 - 2018
Election Date

Voter Information

Last Name <u>Deaver</u>		First Name <u>Kelly</u>		Middle Name <u>M</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>345 Berry Lewis Rd</u>				Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move:						
You must provide at least one identification number (NC Driver's License, NC ID Card, or Social Security Number)			Voter Registration No. (Optional)		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-26-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER

Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name AKD		First Name DeLton		Middle Name E	
Home Address (NC Residential Address.) 802 Pine Ridge Circle				Mailing Address (if different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6/10/18 X

Date

Date

201

Exhibit 4.2.3.1.2

672 of 2658



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>ARD</u>		First Name <u>DELTON</u>		Middle Name <u>E</u>	State <u>NC</u>
Home Address (NC Residential Address.) <u>802 Pine Ridge Circle</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>[REDACTED]</u>	
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable) <u>[REDACTED]</u>	
You must provide at least one identification number below. (for see instructions) NC License or ID Number <u>X X</u> <u>[REDACTED]</u>				Voter Registration No. <u>[REDACTED]</u>	
				Phone <u>[REDACTED]</u>	Email <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>				City <u>[REDACTED]</u>	State <u>NC</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>[REDACTED]</u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian						
Requestor's Address <u>[REDACTED]</u>				Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>		State <u>NC</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>		Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input checked="" type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	
TIME <u>MAR 26 2018</u> REC'D BY <u>[REDACTED]</u> BLADEN CO. BD. OF ELECTIONS			

OR Signature of Near Relative/Legal Guardian (if applicable)

8/9/17X
Date

visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

201

201

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Brisson</u>		First Name <u>Phyllis</u>		Middle Name <u>Carroll</u>		Suffix					
Home Address (NC Residential Address) <u>414 South Ashe Street</u>				Mailing Address (if different than home address.) <u>PO Box 1266</u>							
City <u>Bladenboro</u>		State <u>NC</u>		Zip Code <u>28320</u>		City <u>Bladenboro</u>		State <u>NC</u>		Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)					
If "No," indicate the date of your move: <u>1-1</u>											
You must provide at least one identification number below. (or see instructions)				Voter Registration No.		Phone (optional)		Email (optional)			
NC License or ID Number <u>XX X</u>				SSN <u>[REDACTED]</u>							

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1266</u>						City <u>Bladenboro</u>		State <u>NC</u>		Zip Code <u>28320</u>	
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan											
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No											
If "Yes," what is the name and address of the hospital or facility:											
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:											
Requestor's Name				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent							
				<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law							
				<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian							
Requestor's Address						Name of Corporation (if appointed legal guardian)					
City		State		Zip Code		Requestor's Phone		Requestor's Email			

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas)		Fax Number or Email Address	

RECEIVED
MAR 26 2018

TIME REC'D BY
CO. BD. OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

1-3-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on 6 Nov. 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
MILCZAKOWSKI	THOMAS	RAY		
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)		
3697 OWEN HILL ROAD				
City	State	Zip Code	City	State Zip Code
ELIZABETHTOWN	NC	28337		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No.		
NC License or ID Number	SSN	Phone (optional)		
	X X X - X X -	RECEIVED OCT 11 2018 BLADEN CO. BD. OF ELECTIONS		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
3697 OWEN HILL ROAD		ELIZABETHTOWN	NC	28337
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☒ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (If applicable)

10-06-18
Date

X Sally L. Milczakowski

10-06-18
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

40

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER

Election Type (Primary, General, Municipal, Special, etc.)

Ele

Voter Information

Last Name Blackburn		First Name James		Middle Name R	
Home Address (NC Residential Address.) Mandln.				Mailing Address (if different than home address.)	
City White lake	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-21-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Graham</u>	First Name <u>Reather</u>	Middle Name <u>A</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1052 Kennystore Rd</u>		Mailing Address (If different than home address.)		
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [REDACTED] <input checked="" type="checkbox"/>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone <u>910.655.3432</u>	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

10-21/18

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 13 2018

TO: Bladen County Board of Elections

512
Elizabethtown NC 28337

TE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

677 of 2658

262

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Long	Sherry	Paul	
Home Address (NC Residential Address)		Mailing Address (if different than home address.)	
9933 NC 242 Hwy S		Same	
City	State	Zip Code	City
Bladenboro	NC	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>1-1</u>		Bladen	
You must provide at least one identification number below (see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number			Email (optional)
SSN			
XX			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
Same as above				
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

12-30-17 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7802

elections@bladenco.org

RECEIVED
MAR 13 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Davis</u>		First Name <u>Gloria</u>		Middle Name <u>P</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>157 Airport Road</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable)		
You must provide at least one identification number: <u>[REDACTED]</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

2/9/18
Date

X

Date

**State Absentee Ballot Request Form**

North Carolina

RECEIVED**MAR 13 2018**

TO: Bladen County Board of Elections

BOX 512

Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820

elections@bladenco.org

REC'D BY

BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-2018

Election Date

Voter Information

Last Name

Hester

First Name

Anthony

Middle Name

Van

Home Address (NC Residential Address.)

6618 Center Road

Mailing Address (If different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

Bladen

State

NC

Zip Code

28320

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1/

You must provide at least one identification number:

NC License or ID Number

SSN

X

Voter Registration No.

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

6618 Center Road

City

Bladenboro

State

NC

Zip Code

28320

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.☐ Democratic☒ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse☐ brother/sister☐ parent☐ grandparent☐ stepparent☐ child☐ grandchild☐ stepchild☐ mother-in-law☐ father-in-law☐ son-in-law☐ daughter-in-law☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

12-29-17

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Bladenboro NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

RECEIVED

MAR 13 2018

202

TIME REC'D BY

BLADEN CO. BD. OF ELECTIONS
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Lowe	Rodney	Grant	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
410 Annet Street		Same	
City	State	Zip Code	City
Bladenboro	NC	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: 1/1/		Bladen	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number	SSN		Email (optional)
	XX		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		State	Zip Code
Same as Above			
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

12/27/2017 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McEdlum</u>		First Name <u>Rebecca</u>		Middle Name <u>West</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>210 Bethel St.</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification number (NC ID, Driver's License, etc.) [REDACTED] X			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>210 Bethel St.</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 04 2018

TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>White</u>		First Name <u>Louise</u>		Middle Name <u>Mary</u>	
Home Address (NC Residential Address.) <u>602 Village St.</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC LI)			Voter Registration No. (Optional)		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>602 Village St</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
SEP 21 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a legal guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>White</u>	First Name <u>Louise</u>	Middle Name <u>A</u>			
Home Address (NC Residential Address.) <u>602 Village st.</u>					
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>			RECEIVED APR 13 2018 TIME: 1:00 PM BY: [Redacted] BLADEN CO. BO. OF ELECTIONS		
You must provide at least one identification number NC License or ID Number <u>XX</u> SSN <u>[Redacted]</u>					
Voter Registration No.			Phone (Optional) <u>[Redacted]</u> Email (Optional) <u>[Redacted]</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>602 Village st.</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Marsha White</u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input checked="" type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>2181 3rd Ave</u>	Name of Corporation (If appointed legal guardian)			
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910-862-1590</u>	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Marsha White 4-13-18

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>SMITH</u>		First Name <u>KIMBERLY</u>		Middle Name <u>JOYCE</u>	
Home Address (NC Residential Address.) <u>432 CATFISH FARM ROAD</u>				Mailing Address (If different than home address.)	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If applicable, list name of guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 17 2018
TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/15/2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
SEP 21 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

EXHIBIT 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 685 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>BRYAN</u>		First Name <u>MARY MAY</u>		Middle Name <u>FRAN</u>	
Home Address (NC Residential Address.) <u>12796 NC 131 HWY</u>				Mailing Address (If different than home address.) <u>same</u>	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number _____ SSN _____			Voter Registration No. _____ Optional		Phone (optional) _____ Email (optional) _____

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

7-10-2018 X
Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

686 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

24
w

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election*

Voter Information

Last Name DEITMAN		First Name KIMBERLY		Middle Name ANNE	
Home Address (NC Residential Address.) 1200 SOUTH MAIN STREET				Mailing Address (If different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) same as above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepchild
			<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
TIME REC'D BY BLADEN CO. BD. OF ELECTIONS				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

7/17/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name RHODES		First Name KENNETH		Middle Name WAYNE	
Home Address (NC Residential Address.) 273 LUTHER BRISSON ROAD				Mailing Address (if different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number: [REDACTED] SSN: [REDACTED]			Ballot Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 10 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative or guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/6/2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name <u>Lewis</u>		First Name <u>Janice</u>		Middle Name <u>KL</u>	
Home Address (NC Residential Address.) <u>21 Blue Moon Dr.</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, State ID, or Social Security Number)			Voter Registration No. (Optional)		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-18-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 5009 of 2658
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Pone</u>	First Name <u>Earline</u>	Middle Name <u>K</u>	Suffix
Home Address (NC Residential Address.) <u>10759 St College Apt 1B</u>		Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X -</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (or Requestor) <u>[Signature]</u> Date <u>7/11/18</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u> Date
---	---



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 690 of 2658

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Pone</u>		First Name <u>Carline</u>		Middle Name <u>K</u>	
Home Address (NC Residential Address.) <u>1508 Hwozy 211 West</u>				Mailing Address (If different than home address.)	
City <u>Clarksonton</u>	State <u>NC</u>	Zip Code <u>28334</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 30 2018

TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

4/25/18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Election*

Voter Information

Last Name <u>Jones</u>		First Name <u>Anthony</u>		Middle Name <u>D</u>	
Home Address (NC Residential Address.) <u>209 Meron Mill Rd Apt 1L</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC Identification Card, or U.S. Military ID Card)			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-13-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 692 of 2658

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>JONES</u>		First Name <u>Anthony</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>209 Mercer Mill Rd APT 1 L</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (e.g., Driver's License, NC ID, etc.)			Voter Registration No. Optional		
[REDACTED]			Phone (optional)		
[REDACTED]			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 10 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

4/9/18 X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary on 5-8-2018

on

Election

Voter Information

Last Name CHRISTIAN		First Name YVONNE		Middle Name WALTERS	
Home Address (NC Residential Address.) 2850 BURNEY ROAD				Mailing Address (if different than home address.) SAME	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number [redacted] SSN [redacted]			Registration No. [redacted]		
[redacted]			Phone (optional)		
[redacted]			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

TIME _____ RECEIVED BY _____
BLADEN CO. CLERK OF SUPERIOR COURT

Sig

Signature of Near Relative/Legal Guardian (if applicable)

2/24/2018 X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jessup</u>		First Name <u>Donald</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NO Residential Address.) <u>202 Avenue Avenue</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u>		SSN <u>[REDACTED]</u>	Voter Registration No. Optional <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>
			Email (optional) <u>[REDACTED]</u>		

RECEIVED

OCT 02 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	TIME <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>			
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>[REDACTED]</u>

Signature of Near Relative/Legal Guardian (if applicable)

8-22-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Elec

Voter Information

Last Name <u>McNIL</u>	First Name <u>Kim</u>	Middle Name <u>L</u>
Home Address (NC Residential Address.) <u>620 McLEOD ST APT. 12B</u>		Mailing Address (If different than home address.) <u>SAME</u>
City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Voter Registration No. Optional Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>620 McLEOD ST. APT. 12-B</u>		City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-13-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKoy</u>	First Name <u>LEE</u>	Middle Name <u>H</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>6709 Hwy 41 WEST</u>		Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number (NC ID, Driver's License, etc.) [REDACTED] X [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

11-6-18 X
 Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election

Voter Information

Last Name <u>McKoy</u>		First Name <u>Lee</u>		Middle Name <u>H</u>	
Home Address (NC Residential Address.) <u>6709 Hwy 41 West</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>				Voter Registration No. Optional	
				Phone (optional)	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>			City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address			Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1-10-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Rose	First Name Neddie	Middle Name V	Suffix [REDACTED]
Home Address (NC Residential Address.) 3481 Old NC 41 Rd		Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1/		Voter Registration No. Optional	Phone (optional)
You must provide at least one identification number below. (or see instructions) NC [REDACTED] XX - XX - [REDACTED]		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 664 Governors Estate Dr		City ELIZABETHTOWN	State NC	Zip Code 28337
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only) **[REDACTED]** **4/2/18** Signature of Near Relative/Legal Guardian (if applicable) _____
 Date _____



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

 TIME _____ REC'D BY _____
 BLADEN CO. CLERK OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>McDowell</u>		First Name <u>Margaret</u>		Middle Name <u>A</u>	
Home Address (NC Residential Address.) <u>320 Brown Creek Church Rd</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification <input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> NC Identification Number <input type="checkbox"/> Military ID Number <input type="checkbox"/> Other (Specify):			Voter Registration No. Optional		Phone (optional)
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother /sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-18-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

RECEIVED

P-202

BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Christian</u>		First Name <u>Phillis</u>		Middle Name <u>Ann</u>	Suffix
Home Address (NC Residential Address.) <u>192 White Owl Loop Road</u>				Mailing Address (if different than home address.) <u>Same</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX</u>			Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1-2-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Medowell</u>		First Name <u>Ruth</u>		Middle Name <u>H</u>	
Home Address (NC Residential Address) <u>414 H Golden Village</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> <u>[REDACTED]</u> SSN <input type="checkbox"/> <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-18-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name PAIT	First Name LISA	Middle Name RAY
Home Address (NC Residential Address.) 587 LYON LANDING		Mailing Address (If different than home address.)
City ELIZABETHTOWN	State N.C.	Zip Code 28337
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number [redacted] SSN [redacted]		Voter Registration No. [redacted] Phone (optional) [redacted] Email (optional) [redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 232		City DUBLIN	State N.C.	Zip Code 28332
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence on active duty, spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

Fax Number or Email Address

RECEIVED
OCT 10 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

10-9-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Part</u>	First Name <u>LISA</u>	Middle Name <u>D</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>587 LYON LANDING RD</u>			Mailing Address (If different than home address.)	
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28332</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)	
You must provide at least one identification number (NC ID, Driver's License, etc.) [REDACTED]			oter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 232</u>		City <u>Dublin</u>	State <u>N.C.</u>	Zip Code <u>28332</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-27-18x

Date

Date



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>DAVIS</u>		First Name <u>CARL</u>		Middle Name <u>RICHARD</u>	
Home Address (NC Residential Address.) <u>121 DAVIS FARM RD</u>				Mailing Address (if different than home address.)	
City <u>SAINT PAULS</u>	State <u>N.C.</u>	Zip Code <u>28384</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
Yc NC			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>121 DAVIS FARM RD</u>		City <u>SAINT PAULS</u>	State <u>N.C.</u>	Zip Code <u>28384</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-27-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Wilkins</u>		First Name <u>Glenn</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>82 Mann St</u>				Mailing Address (if different than home address.)	
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NCL) <u>X</u>			Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 184</u>		City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6/28/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Wilkins</u>		First Name <u>James</u>		Middle Name <u>Glenn</u>		SSN [REDACTED]	
Home Address (NC Residential Address.) <u>82 main St</u>				Mailing Address (if different than home address.) [REDACTED]			
City <u>Tar Heel</u>	State <u>nc</u>	Zip Code <u>28392</u>	City	State	Zip Code		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1/18</u>							
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>		Registration No.		Phone	Email

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 184</u>			City <u>Tar Heel</u>	State <u>nc</u>	Zip Code <u>28392</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

OR Signature of Near Relative/Legal Guardian (if applicable)

2/16/18 X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 22 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

60

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>DAVIS</u>	First Name <u>Linda</u>	Middle Name <u>Pate</u>	Suffix <u>MRS.</u>	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>68 Mines Creek Rd</u>		Mailing Address (If different than home address.)		
City <u>St. Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification [REDACTED] <input checked="" type="checkbox"/> X		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6/29/18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>MOTE</u>		First Name <u>Patty</u>		Middle Name <u>Lynn</u>	
Home Address (NC Residential Address.) <u>10008 NC Hwy 410</u>				Mailing Address (If different than home address.)	
City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move:			Voter Registration No. Optional		Phone (optional)
You must provide at least one identification number NC <u>[REDACTED]</u>			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>10008 NC Hwy 410</u>		City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)
☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-11-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

11-6-2018

Voter Information

Last Name <u>LATYON</u>	First Name <u>NORMAN</u>	Middle Name <u>LEROY</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>622 Webb FAULK RD</u>		Mailing Address (If different than home address.) <u></u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u></u>			
You must provide at least one identification number (NC ID, Driver's License, etc.) <u></u>		Voter Registration No. (Optional)	Phone (optional) <u>910 863 3393</u>
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>622 Webb FAULK RD</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> stepparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> other-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian) <u></u>		
City	State	Zip Code	Requestor's Phone	Requestor's Email

OCT 12 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/2/2018
Date

Date

201



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Horne</u>	First Name <u>Michael</u>	Middle Name <u>J</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>428 South Ash st</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move:				
You must provide at least one identification number (NCL) [REDACTED] X		Driver Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 941</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>		
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

RECEIVED

2018

D BY
OF ELECTIONS

1-10-18

Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Jackson</u>		First Name <u>Denette</u>		Middle Name <u>Bri H</u>	
Home Address (NC Residential Address.) <u>3951 N Mitchell Ford Rd</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <u>[REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u> Optional	Phone (optional) <u>715 277</u>	Email (optional)

Absentee Voting Information

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/14/18 X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

15

TIME _____ REC'D BY _____
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name CHILDRESS		First Name DAVID		Middle Name HILBURN	
Home Address (NC Residential Address.) 1573 MARSH ROAD				Mailing Address (If different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification number (e.g., driver's license, state ID, etc.) _____			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

-5-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name Locklear		First Name Merriel		Middle Name W	Suffix [REDACTED]
Home Address (NC Residential Address.) 74 Rosindale Rd				Mailing Address (If different than home address.) [REDACTED]	
City Clarkton	State NC	Zip Code 28433	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NCL [REDACTED] XX - XX - [REDACTED]			Voter Registration No. (Optional) [REDACTED]	Phone (optional) [REDACTED]	Email (optional)

TIME _____ REC'D BY _____
BLADEN CO. ED. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 74 Rosindale Rd		City Clarkton	State NC	Zip Code 28433
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-13-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 714 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name
Holcomb	Stacy	Eugene
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)
303 Pecan St #16		
City	State	Zip Code
Bladenboro	NC	28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Bladen
You must provide at least one identification number (SSN, Driver's License, etc.)		Previous Name (if applicable)
[Redacted]		Phone (optional)
[Redacted]		Email (optional)
[Redacted]		Registration No. Optional

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same			
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

RECEIVED
OCT 04 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-23-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Rogers</u>	First Name <u>Lori</u>	Middle Name <u>Jequise</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1510 MLK DR</u>		Mailing Address (if different than home address.) <u>P.O. Box 1606</u>		
City <u>E-Town</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City <u>E-Town</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC State ID, or U.S. Social Security Number) [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/27/18
Date

X

Date



State Absentee Request Form

North Carolina

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Rogers</u>	First Name <u>Angeline</u>	Middle Name <u>G</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>911 MLK DR</u>		Mailing Address (If different than home address.) <u>P.O. Box 1597</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>[REDACTED]</u>			
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Driver Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1597</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-13-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name DAVIS		First Name SAMANTHA		Middle Name Benton	
Home Address (NC Residential Address.) 312 Pine Ridge Circle				Mailing Address (If different than home address.) SAME	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: 1/1			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number XX		SSN XXXX-XX-XXXX		Phone (optional) 910-549-31	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 312 Pine Ridge Circle		City Bladenboro	TIME NOV 6, 2018	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-20-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Russ</u>	First Name <u>Joseph</u>	Middle Name <u>E</u>
Home Address (NC Residential Address.) <u>984 OAK GROVE Church Rd</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move: _____		Previous Name (if applicable)
You must provide at least one identification number (NC Driver's License, NC ID Card, or US Passport) _____		Phone (optional)
Voter Registration No. (Optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: _____			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X 7-6-18

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 13 2018

REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: Bladen County Board of Elections
P.O. Box 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

P-10

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Christian	Randy	Wayne	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
2850 Burney Road			
City	State	Zip Code	City
Bladenboro	NK	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>1-1</u>		Bladen	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number	SSN		Email (optional)
	X X X		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		State	Zip Code
Same as above			
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1-2-2018 X

Date

Date

to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on May 8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Deaver</u>	First Name <u>Darryl</u>	Middle Name <u>D</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>345 Berry Lewis Rd</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>[REDACTED]</u>			
You must provide at least one identification number (NC Driver's License, NC ID Card, or Social Security Number) <u>[REDACTED]</u>		Voter Registration No. (Optional)	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)
☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-26-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Kinlaw</u>	First Name <u>Kenneth</u>	Middle Name <u>G</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>473 Brisson Carroll Rd</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>TARHEEL</u>	State <u>NC</u>	Zip Code <u>28392</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (If applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		Registration No.	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

12/19/17

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

RECEIVED

MAR 13 2018

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS
PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Davis</u>	First Name <u>Mary</u>	Middle Name <u>Alice</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>303 Pecan St. Apt. 5C</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: [REDACTED]			
You must provide at least one identification number (NC ID, Driver's License, etc.) [REDACTED] X		Voter Registration No. (Optional)	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-11-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____ Election Date
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name Outlaw	First Name Norma	Middle Name McLean	Suffix
Home Address (NC Residential Address.) 102 Fifth St.		Mailing Address (if different than home address.) P.O. Box 412	
City Bladenboro	State NC	Zip Code 28320	City Bladenboro
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	
If "No," indicate the date of your move: _____		Previous Name (if applicable) RECEIVED	
You must provide at least one identification number SSN X X		Registration No.	Phone MAR 27 2018
		TIME	REC'D BY BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO Box 412		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)	OR Signature of Near Relative/Legal Guardian (if applicable)
2-22-2018	X
Date	Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Carter</u>	First Name <u>Myrtle</u>	Middle Name <u>T.</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>119 Hayes McKay Rd.</u>		Mailing Address (If different than home address.) <u>P.O. Box 179</u>		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>White Oak</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification number NC [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-22-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Cory Richardson</u>		First Name <u>Cory</u>		Middle Name <u>Levon</u>	
Home Address (NC Residential Address.) <u>168 White ME Ewen Rd</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>		State	Zip Code <u>28433</u>	City	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1102</u>		City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	
				Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-22-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: **GENERAL ELECTION** on **NOVEMBER 6, 2018**
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Dunkins	First Name Ledell	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 813 Fox St		Mailing Address (If different than home address.)		
City Elizabethtown	State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number X X		Voter Registration No. Optional Phone (optional) Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent <input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>RICHARDSON</u>	First Name <u>LISA</u>	Middle Name <u>Ann</u>			
Home Address (NC Residential Address.) <u>168 WHITE MEADOW RD.</u>			Mailing Address (If different than home address.) <u>P.O. Box 1102</u>		
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>1-1-18</u>			Previous Name (if applicable) <u>RECEIVED</u>		
You must provide at least one identification NC License or ID Number <u>X</u>			Phone (optional) <u>APR 08 2018</u>		

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1102</u>			City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1-10-2018
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME _____ REC'D BY PHONE: 910-862-6951
BLADEN CO. BO. OF ELECTIONS @bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McLean</u>	First Name <u>GARY</u>	Middle Name	Suffix	D
Home Address (NC Residential Address.) <u>87 STORMS Rd</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification n		oter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name <u>PATY F McLean</u>	<input checked="" type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address <u>87 STORMS Rd</u>	Name of Corporation (If appointed legal guardian)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Patty Howell McLean 1-25-18
Date Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General
Election Type (Primary, General, Municipal, Special, etc.)

on

11-6-
Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
HILBURN	HORACE	EDWARD	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
439 PARNELL MCLEAN DR.			
City	State	Zip Code	
BLADENBORO	NC	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move:		Bladen	
Voter Registration No.		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
439 Parnell-McLean Drive		Bladenboro	N.C.	28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandchild <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
		TIME REC'D BY		
City	State	Zip Code	Requestor's Phone	
			BLADEN CO. BD. OF ELECTIONS	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature	Signature of Near Relative/Guardian (if applicable)
X	X
Date	Date
10-8-18	

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Day

Voter Information

Last Name Johnson		First Name Annie		Middle Name Odele	
Home Address (NC Residential Address.) 6690 Johnsonstown Rd				Mailing Address (If different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [REDACTED] SSN [REDACTED]			Registration No. Optional		Phone (optional) 910-588-4831
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 6690 Johnsonstown Rd			City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

RECEIVED

OCT 15 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

AUG 22 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Parks</u>		First Name <u>Paul</u>		Middle Name <u>Henry</u>	
Home Address (NC Residential Address.) <u>973 Horseshoe Rd.</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>2832</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. <input type="checkbox"/> Phone (optional) <input type="checkbox"/> Email (optional) <input type="checkbox"/>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>973 Horseshoe Rd.</u>		City <u>Bladenboro</u>	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

 8/4/2018
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McDONALD</u>	First Name <u>Michael</u>	Middle Name <u>E</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>6546 BURNLEY FORD ROAD</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number	SSN <u>X X X - X X - [REDACTED]</u>		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>6546 BURNLEY FORD ROAD</u>		City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>TERESA P. McDONALD</u>	<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>6546 BURNLEY FORD ROAD</u>	Name of Corporation (If appointed legal guardian)			
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	Requestor's Phone	Requestor's Email

RECEIVED
OCT 16 2018
TIME REC BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

Teresa P. McDonald 10/16/18
Date Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 17 2018

 TIME _____ RECEIVED BY _____
 BLADEN CO. CLERK OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Rogers</u>		First Name <u>Katrice</u>		Middle Name <u>S</u>	
Home Address (NC Residential Address.) <u>401 Quail St.</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number _____ SSN _____			Voter Registration No. _____ Optional		
Phone (optional)			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

te

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2

734 of 2658



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name WALTERS		First Name EDWARD		Middle Name SCOTT	Suffix
Home Address (NC Residential Address.) 1889 PEANUT PLANT RD.				Mailing Address (If different than home address.)	
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (For red instructions.) NC License or ID Number X X		Registration No.		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1889 Peanut Plant Road Elizabethtown NC 28337		State NC	Zip Code 28337
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		Relationship to the voter:	
(First) (Last)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City		State	Zip Code
Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

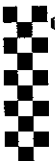
Signature of Near Relative/Guardian (if applicable)
X

Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6851

FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 113 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General Election on

11-6-2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information			
Last Name <u>Jackson</u>	First Name <u>Robin</u>	Middle Name <u>Leigh</u>	Suffix [Redacted]
Home Address (NC Residential Address) <u>527 Lnw Oak Methodist Church Rd.</u>		Mailing Address (if different than home address.) [Redacted]	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable) <u>Robin Leigh Tatum</u>
If "No," indicate the date of your move: <u>1-1-</u>		Voter Registration No. [Redacted]	Phone (optional) [Redacted]
[Redacted] Number below. (or see instructions) <u>XX-XX-</u>		Email (optional) [Redacted]	

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>527 Lnw Oak Methodist Church Rd.</u>		City <u>White Oak</u>	State <u>NC</u>
		Zip Code <u>28399</u>	
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a proxy, relative, or guardian)			
Select one of the options below to qualify as a military or overseas voter:			
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.			
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely			
Current Address (Address where you are currently stationed or living overseas.)		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

10/22/18

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAY 18 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on May 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Singleton</u>	First Name <u>Sandra</u>	Middle Name <u>Hester</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>697 Dusty Road</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move:		Driver Registration No. (Optional)	Phone (optional)
You must provide at least one identification number (NC ID, Driver's License, etc.)		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

02/24/2018
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>CAIN</u>	First Name <u>LISA</u>	Middle Name <u>MARIE</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>218 Pages Lake Rd.</u>		Mailing Address (If different than home address.) [REDACTED]	
City <u>St. Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: [REDACTED]			
You must provide at least one identification number [REDACTED]		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>218 Pages Lake Rd.</u>	City <u>St. Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

RECEIVED
 JUL 16 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-13-18 X
 Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-06-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Milczakowski</u>	First Name <u>Sally</u>	Middle Name <u>Ivey</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>3697 Owen Hill Road</u>		Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	
Previous Name (if applicable)			TIME REC'D BY OCT 11 2018 BLADEN CO. BO. OF ELECTIONS	
Voter Registration No. <u>XXXXXXXXXX</u>			Phone (optional) <u>866-4746</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>3697 Owen Hill Road</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/legal Guardian (if applicable)

10-09-18
Date

XThomson My Anthony 10-09-18
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/14/08
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Nance</u>	First Name <u>Gary</u>	Middle Name <u>Mark</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>771 Bethesda Church Rd</u>		Mailing Address (If different than home address.)		
City <u>Tarheel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC ID Card, or Social Security Number) [REDACTED]		Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City	State <u>NC</u>	Zip Code
<p>APR 03 2008</p> <p>TIME _____ RECEIVED BY _____ BLADEN CO. BD. OF ELECTIONS</p>			
<p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.</p> <p><input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p>			
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>If "Yes," what is the name and address of the hospital or facility:</p>			
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

<p>Select one of the options below to qualify as a military or overseas voter:</p> <p><input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.</p> <p><input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely</p>	
Current Address (Address where you are currently stationed or living overseas.)	<p>Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email</p> <p>Fax Number or Email Address</p>

3-3-2008 Signature of Near Relative/Legal Guardian (if applicable)

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 13 2018

TIME

BLADEN CO.

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

REC'D BY
BLADEN CO. BD. OF ELECTIONS
910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8

Voter Information

Last Name <u>DiCicco</u>	First Name <u>Loretta</u>	Middle Name <u>E</u>
Home Address (NC Residential Address.) <u>901 Village St</u>		Mailing Address (If different than home address.) <u>PO Box 919</u>
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification <u>[Redacted]</u>		Voter Registration No. Optional
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 919</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/1/17 X

Date



TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov. 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>LESSANE</u>	First Name <u>ROSALIND</u>	Middle Name <u>J</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>2217 MURRAY STREET</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1-1</u>			
You must provide at least one identification number: NC License or ID Number <u>SSN</u> <u>X X</u>		Registration No. Optional	Phone Optional
			Email Optional

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2217 MURRAY STREET</u>		City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>SHARON LESSANE</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> step-parent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>2217 Murray St</u>		Name of Corporation (If appointed legal guardian) <u>OCT 30 2018</u>		
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910-862-7639</u>	Requestor's Email <u>TIME REC'D BY</u> <u>BLADEN CO. BD. OF ELECTIONS</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address	

OR Signature of Near Relative/Legal Guardian (if applicable)

X Sharon Lessane 10/30/18
Date Date

Go to www.bladen.org to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAY 07 2018

BLADEN CO. BO. OF ELECTIONS

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Lessane</u>	First Name <u>Rosalind</u>	Middle Name <u>Jane</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>2217 Murray Street</u>		Mailing Address (If different than home address.) <u>2217 Murray Street</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)	
Y N [REDACTED] number below. (or see instructions)		Voter Registration No. Optional [REDACTED]	Phone (optional) <u>910-862-7639</u>
[REDACTED] X X X - X X [REDACTED]		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2217 Murray Street</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-5-18

Date

X

Date

202



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

RECEIVED

NOV 03 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Hami, Han</u>	First Name <u>Jennifer</u>	Middle Name <u>Edwards</u>		
Home Address (NC Residential Address.) <u>32 Jareds Rd.</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move:				
You must provide at least one identification number NC License or ID Number <u>XXXX</u>		Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>32 Jareds Rd.</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5-17-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TIME _____ RECEIVED BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Ward</u>	First Name <u>Jerry</u>	Middle Name <u>Kent</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>2852 Twisted Hickory Rd</u>		Mailing Address (If different than home address.) <u>2852 Twisted Hickory Rd</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Etowah</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification number [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2852 Twisted Hickory Rd</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-24-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Ward</u>		First Name <u>Jerry</u>		Middle Name <u>Ken</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>2852 Twisted Hickory Rd</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]			County Registration No. Optional		Phone (optional)	Email (optional)
You must provide at least one identification number NC Identification Number [REDACTED]						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>SKinner</u>	First Name <u>JAMES</u>	Middle Name <u>W</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>3221 Twisted Hickory Rd</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification number. NO [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-22-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Blanks</u>		First Name <u>Cindy</u>		Middle Name <u>L.</u>	SSN [REDACTED]	
Home Address (NC Residential Address.) <u>754 Clyde Hatcher Rd</u>				Mailing Address (If different than home address.) [REDACTED]		
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>			Voter Registration No.		Phone (optional) <u>336 409-0544</u>	Email (optional)
You must provide at least one identification number below (see instructions) NC License or ID Number SSN <u>X X X</u>		[REDACTED]				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>ANITA</u> (First) <u>Cromartie</u> (Last)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>754 Clyde Hatcher Rd</u>		Name of Corporation (If appointed legal guardian)		
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	Requestor's Phone <u>910 645-6129</u>	Requestor's Email <u>OCT 15 2018</u>

RECEIVED

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

X Anita Cromartie 10-17-20

Date

Date

ov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 29 2018

TIME REC'D BY
BLADEN CO. ED. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Elect

Voter Information

Last Name <u>Merritt</u>		First Name <u>Amy</u>		Middle Name <u>Elizabeth</u>	
Home Address (NC Residential Address.) <u>8906 NC Hwy 41 East</u>				Mailing Address (If different than home address.) <u>8906 NC Hwy 41 East</u>	
City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. <u>0000024000</u>		Phone (optional) <u>910 876 3325</u>
					Email (optional) <u>aemibm@yahoo.com</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>8906 NC Hwy 41 East</u>			City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-5-2018

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Owen</u>		First Name <u>Joyce</u>		Middle Name <u>AIMA</u>	
Home Address (NC Residential Address.) <u>12909 Hwy 53 West</u>				Mailing Address (If different than home address.)	
City <u>White Oak</u>		State <u>N.C.</u>	Zip Code <u>28399</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence	
If "No," indicate the date of your move: _____				Previous Name (if applicable)	
You must provide at least one identification NC License or ID Number [Redacted]		SSN [Redacted]		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [Redacted]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-3-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 750 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Tatum</u>		First Name <u>Charles</u>		Middle Name <u>Patrick</u>	
Home Address (NC Residential Address.) <u>124 GRAYS LANE</u>				Mailing Address (If different than home address.) <u>124 GRAY'S LANE</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>124 GRAY'S LANE</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-17-18

X

Date

Date



15

Exhibit 4.2.3.1.2

751 of 2658

State Absentee Ballot Request Form
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**I am requesting an absentee ballot for the: P. MALV on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>Inman</u>		First Name <u>Christopher</u>		Middle Name <u>Scott</u>		Suffix [Redacted]	
Home Address (NC Residential Address.) <u>7365 Hwy 131</u>				Mailing Address (If different than home address.) [Redacted]			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1</u>							
You must provide at least one identification number NC License or ID Number		SSN <u>XX</u>	Registration No.		Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

9-10-17 X
Date

Date



202

Exhibit 4.2.3.1.2

752 of 2658

State Absentee Ballot Request Form
North Carolina

RECEIVED

MAY 13 2010

Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
E-MAIL: elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>BRYAN</u>	First Name <u>Wayne</u>	Middle Name <u>K</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>3076 GUYTON RD</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>[REDACTED]</u>	
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable) <u>[REDACTED]</u>	
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Near Relative/Legal Guardian (if applicable)

12-15-18

Date

Date

**State Absentee Ballot Request Form**North Carolina
BLADEN COUNTYTO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
*Election Type (Primary, General, Municipal, Special, etc.) Election Date***Voter Information**

Last Name BRYAN		First Name WAYNE		Middle Name R	
Home Address (NC Residential Address.) 3076 GUYTON RD				Mailing Address (If different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: / /			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN X	Voter Registration No. 0000024223	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

7-22-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Clark</u>		First Name <u>AMY</u>		Middle Name <u>5-8-18</u>	Suffix
Home Address (NC Residential Address.) <u>4521 Lisbon Rd</u>				Mailing Address (If different than home address.)	
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable) RECEIVED APR 11 2018		
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No.		
SSN <u>XX</u>			Phone (optional) REC BY Mail (optional) BLADEN CO. BD. OF ELECTIONS		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		Relationship	
(First) (Middle) (Last)		(First) (Middle) (Last)	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

4/10/18
Date

X
Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name POPE	First Name MICHELLIE	Middle Name ANN
Home Address (NC Residential Address.) 7027 US 701 HWY N		Mailing Address (if different than home address.) PO BOX 192
City ELIZABETHTOWN	State NC	Zip Code 28337
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN
If "No," indicate the date of your move: <u>11/06/2018</u>		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>	Voter Registration No. 00000024289	Phone (optional) 910-874-5411
Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>*141 Valley View St</u>		City <u>Lynchburg</u>	State <u>Tenn</u>	Zip Code <u>37352</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Jimmy Ray Pope</u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>3133 Cromartie Rd</u>	Name of Corporation (If appointed legal guardian)			
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910-872-3469</u>	Requestor's Email TIME _____ REC'D BY _____ BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Jimmy R Pope

Date

Date



State Absentee Ballot Request Form

North Carolina

AUG 22 2018

TIME _____ REC'D BY _____

BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

502

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Stallings</u>		First Name <u>Michael</u>		Middle Name <u>Ray</u>	Suffix [Redacted]
Home Address (NC Residential Address.) <u>1341 Joyce St.</u>				Mailing Address (If different than home address.) [Redacted]	
City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: [Redacted]			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>	Driver Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1341 Joyce St. Post Box 1294</u>		City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-2-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

75

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Beyer</u>		First Name <u>Donald</u>		Middle Name <u>Martin</u>	
Home Address (NC Residential Address.) <u>610 Powell Road</u>				Mailing Address (If different than home address.) <u>PO Box 1199</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. (Optional) <u>RECEIVED</u>		Phone (optional) <u>[REDACTED]</u>
			Email (optional) <u>Bladen Hardware@hotmail.com</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1199 Elizabethtown</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7302018X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 07 2018

TIME _____ RECD BY _____
BLADEN CO. CLERK OF ELECTIONS

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Lessane	First Name Sharon	Middle Name Lenore	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 2217 Murray Street		Mailing Address (If different than home address.) 2217 Murray Street		
City Elizabethtown	State NC	Zip Code 28337	City Elizabethtown	State NC
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1/		Previous Name (if applicable)		
Y N [REDACTED] in number below. (or see instructions)		Voter Registration No. Optional	Phone (optional)	Email (optional)
[REDACTED] X X X - X X - [REDACTED]				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 2217 Murray Street		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-5-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Reaves</u>		First Name <u>Betty Reaves</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>680 Smith Circle Dr Apt 221</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Voter Registration No.		Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Near Relative/Legal Guardian (if applicable)

4/10/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: **GENERAL ELECTION** on **NOVEMBER 6, 2018**
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Purdie		First Name Arletha		Middle Name	Suffix
Home Address (NC Residential Address.) 270 Alt. Olive Rd				Mailing Address (if different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC License, Driver's License, etc.)			Voter Registration No. (Optional)		
[Redacted]			Phone (optional)		
[Redacted]			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6/17/18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Purdie</u>	First Name <u>Arletha</u>	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>270 ME Olive Rd</u>		Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
Your NC voter registration number below. (or see instructions) <u>XX - XX - [REDACTED]</u>		Voter Registration No. Optional		Phone (optional) RECEIVED APR 20 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-18-18

X

Date

Date



State Absentee **RECEIVED** Form

North Carolina

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Elect

Voter Information

Last Name <u>Gillespie</u>		First Name <u>Dollie</u>		Middle Name <u>JEAN</u>	
Home Address (NC Residential Address.) <u>372 BROWNS CREEK RD.</u>				Mailing Address (If different than home address.)	
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepparent
			<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
			<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name CAMPBELL		First Name EMMA		Middle Name BECKY	
Home Address (NC Residential Address.) 320 LUTHER BRISSON ROAD				Mailing Address (If different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number: [REDACTED] SSN: [REDACTED]			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 10 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative or legal guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-8-2018 X
Date

Date

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

RECEIVED

SEP 21 2018

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS C FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

TIME REC'D BY:
BLADEN CO. BO. OF ELECTIONS

I am requesting an absentee ballot for the: General ELECTION

on

November 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Norris</u>	First Name <u>Joseph</u>	Middle Name <u>L</u>	Suffix [REDACTED]	
Home Address (NC Residential Address.) <u>304 Village St Apt-3-B</u>		Mailing Address (if different than home address.) [REDACTED]		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number (see instructions) NC License or ID Number SSN <u>X X X</u>		Voter Registration No.	Phone (optional)	Email (optional)

Absentee Mailing Address (where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely
- Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5/13/18 X

Date

Date

Go to [www.bladenco.org](#) to check your voter registration or absentee voting status.

202

Exhibit 4.2.3.1.2

765 of 2658



State Absentee Ballot Request

North Carolina

RECEIVED

MAR 13 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
Elizabethtown NC 28337TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

PHONE: 910-862-6951

FAX: 910-862-7802

Email: bladen@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election**Voter Information**

Last Name Morris		First Name Joseph		Middle Name L	
Home Address (NC Residential Address.) 304 Village St Apt 3B				Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than If "No," indicate the date of your move:			County of Residence	Previous Name (if applicable)	
[Redacted]			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

7-10-17 X
Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2

766 of 2656



State Absentee Ballot Request Form North Carolina

RECEIVED

OCT 05 2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS F FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name

BUTLER

First Name

JILL

Middle Name

EDGE

Suffix

Home Address (NC Residential Address.)

PO BOX 912

Home Address (If different than home address.)

12879 HWY 242 S.

City

BLADENBORO

State

NC

Zip Code

28320

City

BLADENBORO

State

N.C.

Zip Code

28320

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence

BLADEN

Previous Name (if applicable)

You must provide at least one identification number below (for each request).

NC License or ID Number

SSN

X X

Registration No.

Optional

Phone (optional)

549-3472

Email (optional)

3472

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

12879 HWY 242 S.

BLADENBORO

State

NC

Zip Code

28320

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☐ Republican

☐ Libertarian

☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother /sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-1-18

X

Date

Date

to check your voter registration or absentee voting status.

OR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 767 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Edwards</u>		First Name <u>Joy</u>		Middle Name <u>Lynn</u>	
Home Address (NC Residential Address.) <u>26 Hundred Green Log Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number		SSN <u>X</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-10-18
DateX [Signature]
Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

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NOV 04 2018

768 of 2658

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS F FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Taylor</u>		First Name <u>David</u>		Middle Name <u>James</u>	
Home Address (NC Residential Address.) <u>117 Taylors Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move:				Driver Registration No. <small>Optional</small>	Phone (optional) Email (optional)
You must provide at least one identification number: NC License or ID Number <u>[redacted]</u> SSN <u>[redacted]</u>					

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>				City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent				
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law				
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
		Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/31/18 X

Date

Date

**State Absentee Ballot Request Form**
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>Taylor</u>	First Name <u>David</u>	Middle Name <u>J</u>	Suffix [Redacted]
Home Address (NC Residential Address.) <u>117 Taylor Rd</u>		Mailing Address (If different than home address.) [Redacted]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (If applicable)
If "No," indicate the date of your move: <u>1-1-</u>			
You must provide at least one identification number NC License or ID Number [Redacted]		Registration No.	Phone (optional)
SSN <u>XX</u>			Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

12/19/17 X
Date

Date

201



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 21 2018

TIME _____ REC'D BY _____
BLADEN CO. SO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Storms</u>		First Name <u>Rodney</u>		Middle Name <u>Eugene</u>	
Home Address (NC Residential Address.) <u>107 West Poplar Street</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification n			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>107 West Poplar Street</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/19/18
Date

X

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov. 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
MCEACHERN	ZELDA	RUTH	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
PO BOX 773			
City	State	Zip Code	City
CLARKTON	NC	28433	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move:			
You must provide at least one identification NC License or ID Number		Registration No.	Phone (optional)
[Redacted]			Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)

P.O. Box 773 City Clarkton State NC Zip Code 28433

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name O. Lynn McEachern
(First) (Middle) (Last)

<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input checked="" type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		

Requestor's Address

P.O. Box 773 Name of Corporation (if appointed legal guardian)
City Clarkton State NC Zip Code 28433 Requestor's Phone (910) 876-5520 Requestor's Email lmceachern@gmail.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only) TIME ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address BLADEN CO. BO. OF ELECTIONS

Signature of Near Relative/Guardian (if applicable)

12/4/18 X O. Lynn McEachern 10-24-18
Date Date

to check your voter registration or absentee voting status.

FOR ADDITIONAL INFORMATION

Exhibit 4.2.3.1.2

772 of 2658



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

May 8, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McEachern</u>	First Name <u>Zelda</u>	Middle Name <u>Ruth</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>1116 HWY 211 W</u>		Mailing Address (If different than home address.) <u>PO Box 773</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Clarkton</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move:			
You must provide at least one identification number (NC Driver's License, State ID, or Social Security Number)		Registration No.	Phone (optional)
<u>[REDACTED]</u>			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 773</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>O. Lynn McEachern</u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input checked="" type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>PO Box 773 (1116 HWY 211 W)</u>	Name of Corporation (if appointed legal guardian)			
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	Requestor's Phone <u>(910) 876-5566</u>	Requestor's Email <u>olmceachern@gmail.com</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		<div style="text-align: center;"> RECEIVED APR 30 2018 </div>
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address	

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

4-30-18
Date

O. Lynn McEachern

4/30/18
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2013

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

501

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____

BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Harrison</u>		First Name <u>Diane</u>		Middle Name <u>K</u>	
Home Address (NC Residential Address.) <u>1429 Cromartie Rd</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
Previous Name (if applicable)					
If "No," indicate the date of your move:					
You must provide at least one identification: NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-1-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name WRIGHT <u>WRIGHT</u>	First Name STACY <u>STACY</u>	Middle Name LANE <u>LANE</u>
Home Address (NC Residential Address.) 200 GRACE ST <u>200 GRACE St.</u>		Mailing Address (If different than home address.) -
City BLADENBORO <u>BLADENBORO</u>	State NC <u>NC</u>	Zip Code 28320 <u>28320</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number (SSN, Driver's License, etc.)		Phone (optional)
Voter Registration No. 0000024821		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>200 GRACE St.</u>		City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>NONE</u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-11-18 X None
Date

Date



State Absentee Request Form

North Carolina

AUG 17 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Graham</u>		First Name <u>Deborah</u>		Middle Name <u>Seanna</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>2188 Hwy 701 N. Elizabethtown NC</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move:			Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

 8-21-18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>Deborah</u>		Middle Name <u>McKoy</u>	
Home Address (NC Residential Address.) <u>119 Tommy's Drive</u>				Mailing Address (If different than home address.) <u>P.O. Box 394</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number <u>XXXX</u>		SSN <u>XXXX</u>		Registration No.	Phone (optional)
				Email (optional)	

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 394</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Signature <u>APR 13 2018</u>
TIME REC'D BY BLADEN CO. BD. OF ELECTIONS				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-13-18X

Date

TO: BLADEN COUNTY BOARD OF ELECTIONS



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS F FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Eaddy</u>		First Name <u>Grace</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>5771 Owen Hill Rd</u>				Mailing Address (If different than home address,)	
City <u>Tarheel</u>		State <u>NC</u>	Zip Code <u>28392</u>	City	State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification NC License or ID Number				Voter Registration No. <small>Optional</small>	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smith</u>	First Name <u>Feed</u>	Middle Name	Suffix	
Home Address (NC Residential Address.) <u>208 Seventh St</u>		Mailing Address (If different than home address.)		
City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move:				
You must provide at least one identification number (NC Driver's License, NC ID Card, or US Passport)		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 9</u>	City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-21-18
Date

X [Signature]
Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Ballard</u>	First Name <u>GEORGE</u>	Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>183 Suggs Taylor Rd</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code	City	State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1/1/18</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No.		
NC License or ID Number <u>XX</u>		Bladen County Board of Elections		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	
(First) (Last)		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
City		Name of Corporation (if appointed legal guardian)	
State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

4/1/18

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

p10

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name Brown		First Name Willa		Middle Name M	
Home Address (NC Residential Address.) 12040 Twisted Hickory Rd				Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
RECEIVED OCT 15 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election on Nov. 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Singletary	First Name Sandra	Middle Name Regina	State		
Home Address (NC Residential Address.) 1327 Tar Heel Road			Mailing Address (If different than home address.) Heugasse 2		
City Tar Heel	State NC	Zip Code 28392	City Frankfurt am Main	State	Zip Code 65929
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____			County of Residence Bladen		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X - [REDACTED]			Voter Registration No. Optional	Phone (optional) 9108622783	Email (optional) Sandra_singletary@yahoo.d

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Heugasse 2		City Frankfurt am Main / GERMANY	State	Zip Code 65929
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

SEP 24 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☒ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Heugasse 2
65929 Frankfurt am Main
GERMANY

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☒ Email

Fax Number or Email Address

Sandra_singletary@yahoo.de

SI

Signature of Near Relative/Guardian (if applicable)

9/24/18 X

Date

Date

www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAY 8 2018

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hester</u>		First Name <u>Eric</u>		Middle Name <u>Joseph</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>55 Holly Britt</u>				Mailing Address (If different than home address.) <u>P.O. Box 611</u>			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>				Voter Registration No. <u>[REDACTED]</u>		Phone (optional) <u>549 9937</u>	
Y N <u>[REDACTED]</u> in number below. (or see instructions) <u>XXX - XX - [REDACTED]</u>				Voter Registration No. <u>[REDACTED]</u>		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 611</u>		City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/8/18
Date

X
Date



NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election

Voter Information

Last Name <u>Morgan</u>		First Name <u>Kimber</u>		Middle Name <u>Lee</u>	
Home Address (NC Residential Address.) <u>1381 Suggs Taylor Rd</u>				Mailing Address (If different than home address.)	
City <u>Elizabeth town</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <u>X</u>			Voter Registration No. <u>Optional</u>		
			Phone (optional)		
			Email (optional)		

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

X 4-11-18

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 784 of 2658

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Lacewell</u>		First Name <u>Joe</u>		Middle Name <u>N</u>	
Home Address (NC Residential Address.) <u>620 McLeod St Apt 101</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC LI, etc.)			Registration No. Optional		
Phone (optional)			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 30 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/24/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

AUG 17 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Ballard</u>		First Name <u>James</u>		Middle Name <u>E</u>	
Home Address (NC Residential Address.) <u>208 Shawn Hill</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number (NC Driver's License, NC ID Number, or Social Security Number)				Voter Registration No. (Optional)	
				Phone (optional)	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Martin</u>		First Name <u>Angelica</u>		Middle Name <u>Pearl</u>	
Home Address (NC Residential Address.) <u>89 McDowell Road</u>				Mailing Address (If different than home address.) <u>P.O. Box 1863</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>	Voter Registration No.		Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1863</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 12 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax	<input type="checkbox"/> Email
	Fax Number or Email Address			

Signature of Near Relative/Legal Guardian (if applicable)

4/12/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name <u>Singletary</u>		First Name <u>Antonio</u>		Middle Name <u>Devan C</u>	
Home Address (NC Residential Address.) <u>503 Martin Luther King Jr Dr</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (If applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> <u>[Redacted]</u> SSN <input checked="" type="checkbox"/> <u>[Redacted]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1231</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-27-18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-
Election

Voter Information

Last Name <u>Singletary</u>		First Name <u>Antonio</u>		Middle Name <u>D</u>	
Home Address (NC Residential Address.) <u>503 Martin Luther King Jr Dr.</u>				Mailing Address (if different than home address.) <u>1170710</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28300</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one Identification n NO			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>Bladenboro NC</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-7-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

501
W

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name CAIN	First Name TERRY	Middle Name LYNN
Home Address (NC Residential Address.) 2302 CORMARTIE ROAD		Mailing Address (If different than home address.)
City ELIZABETHTOWN	State NC	Zip Code 28337
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number [REDACTED] SSN [REDACTED]		Phone (optional)
Voter Registration No. [REDACTED]		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> other in-law <input type="checkbox"/> father-in-law		
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
<p>SEP 25 2018</p> <p>RECEIVED BY BLADEN CO. BD. OF ELECTIONS</p>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only)	
Current Address (Address where you are currently stationed or living overseas.)		<input type="checkbox"/> Mail	<input type="checkbox"/> Fax <input type="checkbox"/> Email
		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

6/24/2018 X
Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2

790 of 2030



State Absentee Ballot Request Form North Carolina

RECEIVED

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

OCT 05 2018

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

on

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name BUTLER		First Name ROBERT		Middle Name LIVINGSTON		Suffix	
Home Address (NC Residential Address.) 12879 NC 242 HWY. S.				Mailing Address (If different than home address.) PO Box 912			
City BLADENBORO		State NC	Zip Code 28320	City Bladenboro		State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: _____							
You must provide at least one identification number: NC License or ID Number X X		SSN [REDACTED]		Registration No. [REDACTED]		Phone (optional) 549-3476	
						Email (optional) Reds19541@netzero.net	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 12879 NC 242 HWY S				City Bladenboro		State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility: _____							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name (First) (Middle) (Last)				Relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address (First) (Middle) (Last)				Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <i>absent</i> from county of residence <i>or</i> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature X	Signature of Near Relative/Guardian (if applicable) X
Date	Date 10-1-2018

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

40



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Tatum</u>		First Name <u>Robert</u>		Middle Name <u>Brian</u>	
Home Address (NC Residential Address.) <u>4257 Sweet Hm. Ch. Rd.</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>4257 Sweet Hm. Ch. Rd.</u>		City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-17-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>GAUSE</u>	First Name <u>Milton</u>	Middle Name <u>Timothy</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>137 MARVIN HAMMOND DR</u>		Mailing Address (If different than home address.)		
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number (NC LI [REDACTED])		er Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/10/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McClendon</u>		First Name <u>Richard</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>2440 Lisbon Rd</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number (from the following): NC License or ID Number <u>XXX</u>			Voter Registration No.		Phone (optional) <u>910-645-4726</u>
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 10 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

1-9-2018

X

Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name McDowell		First Name Tonya		Middle Name D	
Home Address (NC Residential Address.) 1202 Daisy St				Mailing Address (if different than home address.) PO Box 1372	
City E' TOWN	State NC	Zip Code 28337	City E' TOWN	State NC	Zip Code 28337
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)
If "No," indicate the date of your move: <u> / / </u>					
You must provide at least one identification number: NC License or ID Number		SSN X X X	Registration No. (910) 316-9795	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO Box 1372		City E' TOWN	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if applicable)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 10 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) X	Signature of Relative/Near Guardian (if applicable) 10-10-2018 X
Date	Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>McKoy</u>		First Name <u>Thalia</u>		Middle Name _____	
Home Address (if different than mailing address) <u>400 BLACKS STREET</u>				Mailing Address (if different than home address.) <u>PO BOX 2875</u>	
City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN COUNTY</u>		
If "No," indicate the date of your move: _____			Previous Name (if applicable) <u>Thalia McKoy</u>		
You must provide at least one identification number (SSN, Driver's License, etc.) [Redacted]			Voter Registration No. Optional		Phone (optional) <u>910 862 4826</u>
					Email (optional) _____

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 2875</u>		City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Babson	Sheila	Faye		
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)		
1674 211 West		RECEIVED		
City	State	Zip Code	City	State
Clarkton	NC	28433		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1/1</u>		Bladen		
Voter Registration No.		Previous Name (if applicable) BY		
XX - XX		BLADEN CO. BD. OF ELECTIONS		
Phone (optional)		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
P.O. BOX 944		Bladenboro	NC	28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

3-2/38 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5/8/18
Election Date

Voter Information

Last Name <u>Muraca</u>	First Name <u>Margaret</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>747 Hickory Grove Ballpark Rd.</u>		Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) SSN <u>XXX - XX - XXX</u>		Voter Registration No.	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 462</u>		City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

12-30-17 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Autry</u>		First Name <u>Bobby</u>		Middle Name <u>L.</u>	
Home Address (NC Residential Address.) <u>137 Ave. Ave.</u>				Mailing Address (if different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-27-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on May 8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Silvas</u>		First Name <u>Barbie</u>		Middle Name <u>Guyton</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>303 Pecan St. Apt. 8C</u>				Mailing Address (if different than home address.) <u>Same</u>			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladen</u>		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>[REDACTED]</u>				Registration No.		Phone	Email
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>				[REDACTED]		[REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>			City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (or) Signature of Near Relative/Legal Guardian (if applicable)
3-7-18 X
 Date Date

Go to www.ncsos.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name DAVIS		First Name RONALD		Middle Name TRACY	
Home Address (NC Residential Address.) 139 BUTTERS CEMETERY RD.				Mailing Address (If different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. Optional		Phone (optional)
[REDACTED]		[REDACTED]	[REDACTED]		[REDACTED]

RECEIVED
OCT 22 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 139 Butters Cemetery Rd		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-20-18

X

Date

Date

**State Absentee Ballot Request Form**
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**I am requesting an absentee ballot for the: PRIMARY on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>DAVIS</u>		First Name <u>Ronald</u>		Middle Name <u>T</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>139 Butters cement Rd</u>				Mailing Address (if different than home address.) [REDACTED]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/> [REDACTED]			Registration No.	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-2378 X
Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bethon</u>		First Name <u>JOHNNIE</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>641 Smith Circle Apt 24</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>X</u> SSN <u>X</u>		Voter Registration No.		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1651</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> son-in-law	<input type="checkbox"/> stepparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-10-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED**AUG 17 2018**
 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date
Voter Information

Last Name <u>Mathis</u>		First Name <u>NIKKI</u>		Middle Name <u>P</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>P.O. Box 3097 (918 Joel St) - D.O. Box 3097</u>			Mailing Address (If different than home address.) <u>[REDACTED]</u>		
City <u>E-town</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number: <u>[REDACTED]</u>			Voter Registration No. (Optional) <u>[REDACTED]</u>		
Phone (optional) <u>[REDACTED]</u>			Email (optional) <u>[REDACTED]</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>[REDACTED]</u>

Signature of Near Relative/Legal Guardian (if applicable)

7-21-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name RHODES		First Name PATSY		Middle Name BOWEN	
Home Address (NC Residential Address.) 273 LUTHER BRISSON ROAD				Mailing Address (If different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification number: NC License or ID Number: [REDACTED] SSN: [REDACTED]			Water Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 10 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/8/2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Washington</u>	First Name <u>Consuelo</u>	Middle Name <u>T</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>6714 Hwy 53 W</u>		Mailing Address (If different than home address.) <u>Same</u>		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move:				
You must provide at least one identification number [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/23/2018

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

301 S Cypress Street

Elizabethtown NC

28337

PO Box 512

Elizabethtown NC 28337

PHONE: 910-862-0951

elections@bladennc.gov

FAX: 910-862-7870

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Thompson</u>	First Name <u>Timmie</u>	Middle Name <u>Randle</u>	Suffix [REDACTED]
Home Address (NC Residential Address) <u>13004 NC Hwy 131 North</u>		Mailing Address (If different than home address)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u> / / </u>		Previous Name (if applicable)	
[REDACTED] number below. (or see instructions)		Voter Registration No.	
[REDACTED] X X - X X - [REDACTED]		Phone () [REDACTED]	

RECEIVED
APR 13 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	
	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas)	Transmit my ballot by: (Military/Overseas Voters Only)
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-10-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
09/04/2018
TIME
REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Priest</u>		First Name <u>Jeffery</u>		Middle Name <u>Bruce</u>		Suffix [REDACTED]	
Home Address (NC Residential Address.) <u>10237 Twisted Hickory</u>				Mailing Address (if different than home address.)			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]				Voter Registration No. Optional		Phone (optional)	Email (optional)
You must provide at least one identification number NC [REDACTED]							

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-22-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

808 of 2658

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>PRIEST</u>		First Name <u>JEFFERY</u>		Middle Name <u>BRUCE</u>		State <u>NC</u>	
Home Address (NC Residential Address.) <u>10237 TWISTED Hickory Rd</u>				Mailing Address (If different than home address.) <u>[Redacted]</u>			
City <u>BLADENBORO</u>		State <u>NC</u>	Zip Code <u>28320</u>	City <u>[Redacted]</u>		State <u>NC</u>	Zip Code <u>[Redacted]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>BLADEN</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1-</u>							
You must provide at least one identification number: NC License or ID Number		SSN <u>X</u>	Voter Registration No.		Phone (optional)	Email (optional)	

Absentee Mailing Address (Where should the ballot be mailed?) <u>10237 TWISTED Hickory Rd</u>				City <u>BLADENBORO</u>		State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name				Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address				Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[Redacted]</u>		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X

1-10-2018
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name HUNT	First Name REBECCA	Middle Name MARIE
Home Address (NC Residential Address.) 6199 NC 211 HWY WEST		Mailing Address (If different than home address.) PO BOX 1532
City BLADENBORO	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN
If "No," indicate the date of your move:		Previous Name (If applicable)
You must provide at least one identification number: NC License or ID Number [REDACTED] SSN [REDACTED]		Registration No. [REDACTED] Phone (optional) [REDACTED] Email (optional) [REDACTED]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO BOX 1532		City BLADENBORO	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

MAR 26 2018

TIME

RECEIVED BY

ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

2/14/18 X

Date

Date



State Absentee Ballot Request

North Carolina

RECEIVED

MAR 23 2018

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Robinson		First Name Elizabeth		Middle Name Bronson		Suffix [REDACTED]	
Home Address (NC Residential Address.) 909 M + M Street				Mailing Address (If different than home address.) 909 M + M Street			
City Elizabethtown		State NC	Zip Code 28337	City Elizabethtown		State NC	Zip Code 28337
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1/1				Voter Registration No. Optional		Phone (optional)	
[REDACTED] ion number below. (or see instructions) SSN X X X - X X - [REDACTED]				Voter Registration No. Optional		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 909 M + M Street		City Elizabethtown		State NC	Zip Code 28337
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name M		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address 909 M + M Street		Name of Corporation (If appointed legal guardian)			
City Elizabethtown	State NC	Zip Code 28337	Requestor's Phone 910-874-7107		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-22-18

Date

X [Signature]

3-22-18

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

P501

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Tatum</u>		First Name <u>Kelsen</u>		Middle Name <u>K</u>	
Home Address (NC Residential Address.) <u>205 Horne</u>				Mailing Address (If different than home address.) <u>Same</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification <input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> NC State ID Number <input type="checkbox"/> US Passport <input type="checkbox"/> Military ID <input type="checkbox"/> Other (Specify):			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-30-18 X
 Date

Date



State Absentee Ballot Request Form

North Carolina

AUG 22 2014

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

60

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Hunt</u>		First Name <u>Janet</u>		Middle Name <u>Elaine</u>	
Home Address (NC Residential Address.) <u>1380 Pages Lake Rd</u>				Mailing Address (if different than home address.)	
City <u>St. Pauls</u>	State <u>N.C.</u>	Zip Code <u>28384</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, Voter ID, etc.)			Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name _____				
Requestor's Address _____				
Name of Corporation (if appointed legal guardian) _____				
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>PETERSON</u>		First Name <u>JUDY</u>		Middle Name <u>B</u>	
Home Address (NC Residential Address.) <u>1011 MOUTRIE LANE</u>				Mailing Address (If different than home address.) <u>P.O. BOX 2481</u>	
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable)		
You must provide at least one identification number NC License <u>[REDACTED]</u>			Registration No. Optional <u>[REDACTED]</u>		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. BOX 2481</u>		City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-18-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Melvin</u>		First Name <u>Shirley</u>		Middle Name <u>A</u>	
Home Address (NC Residential Address.) <u>90 Pearl Llyod Rd</u>				Mailing Address (if different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28339</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> son-in-law	<input type="checkbox"/> brother/sister <input type="checkbox"/> grandchild <input type="checkbox"/> daughter-in-law	<input type="checkbox"/> parent <input type="checkbox"/> stepchild <input type="checkbox"/> legal guardian	<input type="checkbox"/> grandparent <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/22/18 X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Mintz</u>		First Name <u>Elizabeth</u>		Middle Name <u>Michelle</u>	Sex <u>Female</u>	
Home Address (NC Residential Address.) <u>2003 Hwy 211 W</u>				Mailing Address (If different than home address.) <u>[Redacted]</u>		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>[Redacted]</u>	State <u>[Redacted]</u>	Zip Code <u>[Redacted]</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable) <u>[Redacted]</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Voter Registration No. <u>[Redacted]</u>	Phone (optional) <u>[Redacted]</u>	Email (optional) <u>[Redacted]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[Redacted]</u>		City <u>[Redacted]</u>	State <u>[Redacted]</u>	Zip Code <u>[Redacted]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[Redacted]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[Redacted]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[Redacted]</u>		Name of Corporation (If appointed legal guardian) <u>[Redacted]</u>		
City <u>[Redacted]</u>	State <u>[Redacted]</u>	Zip Code <u>[Redacted]</u>	Requestor's Phone <u>[Redacted]</u>	Requestor's Email <u>[Redacted]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[Redacted]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>[Redacted]</u>

Signature of Near Relative/Legal Guardian (if applicable)

3-4-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

RECEIVED

MAY 18 2018

TIME _____ RECEIVED BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hester</u>	First Name <u>Linda</u>	Middle Name <u>Freeman</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>401 Anne St</u>		Mailing Address (If different than home address.) [REDACTED]		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>		Previous Name (if applicable)		
Voter Registration No. <u>[REDACTED]</u> [REDACTED] X X X - X X - [REDACTED]		Phone (optional) Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother /sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent <input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/9/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>McKiver</u>	First Name <u>Dennis</u>	Middle Name <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>188 Pearl L L Road</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28391</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move: <u>[REDACTED]</u>		Previous Name (if applicable) <u>[REDACTED]</u>
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Registration No. Optional <u>[REDACTED]</u>
		Phone (optional) <u>[REDACTED]</u>
		Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name <u>[REDACTED]</u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian
Requestor's Address <u>[REDACTED]</u>	Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>
		Requestor's Email <u>[REDACTED]</u>	

RECEIVED
OCT 05 2018
TIME
BLADEN CO. BO. OF ELE. GUARDIAN

For Military/Overseas Citizens Only. (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>[REDACTED]</u>

Signature of Near Relative/Legal Guardian (if applicable)

02/2/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

OCT 08 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Sykes</u>		First Name <u>Elois</u>		Middle Name [REDACTED]	
Home Address (NC Residential Address.) <u>2273 Marsh Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification [REDACTED] NC License or ID Number [REDACTED] SSN [REDACTED]			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

10-6-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Packer	First Name Karrie	Middle Name Anne	Suffix	Date of Birth
Home Address (NC Residential Address.) 114B Lewis Street		Mailing Address (if different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: ____/____/____		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional		
XX - XX -		Phone (optional) TIME BLADEN CO. BD. OF ELECTIONS		
		Email (optional) REC'D BY BLADEN CO. BD. OF ELECTIONS		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO BOX 314		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-11-18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: **GENERAL ELECTION** on **NOVEMBER 6, 2018**
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Howie</u>	First Name <u>Jennifer</u>	Middle Name <u>D</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>504 ASH ST</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number (NCL) [REDACTED] X		oter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9/22/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Morgan</u>		First Name <u>Tammy</u>		Middle Name <u>Lynette</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>104 Pecan St. Apt 4C</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>			
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1/</u>							
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u>		SSN <u>[REDACTED]</u>	Registration No. <u>[REDACTED]</u>		Phone <u>[REDACTED]</u>	Email <u>[REDACTED]</u>	

RECEIVED

OCT 04 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City <u>[REDACTED]</u>	TIME <u>[REDACTED]</u>	REC'D BY <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>				
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>		Requestor's Email <u>[REDACTED]</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>[REDACTED]</u>

Signature of Voter (voter only)

OR

Signature of Near Relative/Legal Guardian (if applicable)

8/29/18
Date

X

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Meivin</u>		First Name <u>Sherise</u>		Middle Name <u>D.</u>	
Home Address (NC Residential Address.) <u>2929 Hwy 701 N</u>				Mailing Address (If different than home address.) <u>PO Box 2167</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, State ID, or Social Security Number) <u>[REDACTED]</u>			Voter Registration No. (Optional) <u>[REDACTED]</u>		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 2167</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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OCT 04 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/30/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 08 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>MONROE</u>	First Name <u>Dame</u>	Middle Name <u>B</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>88 Sammy Lane</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number: NC License [REDACTED]		Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/28/18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

Bladen County Board of Elections
P. O. BOX 512 824 of 2658
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McBrewer</u>		First Name <u>Bernice</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>43 Troy Willis Dr.</u>				Mailing Address (If different than home address.)	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X</u>			Voter Registration No.	Phone (optional) <u>910-874-4511</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 15 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable) <u>11-2-2018</u> X	Date
---	------

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>McDowell</u>		First Name <u>Bernice</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>43 Tray Willis Dr.</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>[REDACTED]</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u>		SSN <u>[REDACTED]</u>	Registration No. <u>[REDACTED]</u>	Phone (optional) <u>874-1411</u>	Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Kristi McDowell</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>43 Tray Willis Dr.</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	Requestor's Phone <u>874-2682</u>	Requestor's Email <u>[REDACTED]</u>

RECEIVED

APR 20 2018

TIME _____ REC'D BY _____

BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
[REDACTED]

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address
[REDACTED]

Signature of Near Relative/Legal Guardian (if applicable)

X [Signature]

4/20/18

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 19 2018

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Eason</u>	First Name <u>Tina</u>	Middle Name <u>Callahan</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>757 Ball Park Rd.</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28326</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: ____/____/____		Voter Registration No. (Optional)		
Yes, I am currently registered in another jurisdiction. Please provide the jurisdiction number below. (or see instructions) [REDACTED] X X - X X - [REDACTED]		Phone (optional) Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-18-18
 Date

X
 Date



NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on 5-8-18

Voter Information

Last Name <u>Bedsole</u>		First Name <u>Allen</u>		Middle Name	
Home Address (NC Residential Address.) <u>73 DOWD DAIRY RD</u>				Mailing Address (if different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <u>X</u>			Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 83</u>		City <u>Dash</u>	State <u>NC</u>	Zip Code <u>28332</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

4/11/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Byrd</u>	First Name <u>Robert</u>	Middle Name <u>Earl</u>			
Home Address (NC Residential Address.) <u>309 Midway Drive</u>			Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[redacted]</u> SSN <u>[redacted]</u>		Registration No.	Phone	Email	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>309 Midway Drive</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Voter (voter only)

OR Signature of Near Relative/Legal Guardian (if applicable)

2-20-2018
Date

X

Date

Go to www.bladenco.org to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>matheson</u>		First Name <u>Jaann</u>		Middle Name <u>Smith</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1105 Bullard St</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			Voter Registration No. [REDACTED]		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
<p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference:</p> <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility:</p>				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/17/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-06-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Little</u>	First Name <u>Rodney</u>	Middle Name <u>Eric</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>4816 Twisted Hickory Rd</u>		Mailing Address (If different than home address.) <u>PO Box 604</u>		
City <u>Elizabeth town</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Dublin</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>11-1-18</u>			Previous Name (if applicable)	
You must provide at least one identification NC License <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			Registration No. <u>0000026588</u>	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 604</u>		City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> stepparent
Requestor's Address	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
	<input type="checkbox"/> legal guardian			
Name of Corporation (If appointed legal guardian)				
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-18-18
Date

Date

gov to check your voter registration or absentee voting status.



201

State Absentee Ballot Request Form
North Carolina

EXHIBIT 4.2.3.1.2

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Duckworth</u>		First Name <u>Rufus</u>		Middle Name <u>Ralph</u>		Suffix <u>II</u>	
Home Address (NC Residential Address.) <u>200 Parson Street</u>				Mailing Address (If different than home address.) <u>P.</u>			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>							
You must provide at least one identification number below. (or see instructions) NC License or ID Number				Voter Registration No.		Phone (optional)	
SSN <u>X X</u>						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1300</u>		State <u>NC</u>		Zip Code <u>28320</u>	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	
				Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

MAR 26 2010

Signature of Near Relative/Legal Guardian (if applicable)

X

12-21-17
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
OCT 08 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Autry</u>	First Name <u>Johnnie</u>	Middle Name <u>Nathan</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>223 Autrytown Road</u>		Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number (NC License, Driver's License, or other government-issued ID) [REDACTED]		Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>223 Autrytown Rd.</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name <u>Johnnie M Autry (self)</u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>223 Autrytown Rd.</u>	Name of Corporation (if appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910-588-6111</u>
Requestor's Email			

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Autry</u>		First Name <u>Johnnie</u>		Middle Name <u>Nathan</u>	
Home Address (NC Residential Address.) <u>223 Autry town Road</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XX</u> SSN <u>XXXX</u>			TIME REC'D BY MAY 01 2018		
			Election Registration Number		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>223 Autry town Road</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Johnnie N. Autry</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>223 Autry town Rd</u>		Name of Corporation (If appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910 588-1011</u>	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/30/18
Date

X

Date

201



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election*

Voter Information

Last Name <u>Merri H</u>	First Name <u>Mildred</u> Elizabeth	Middle Name <u>E</u>
Home Address (NC Residential Address.) <u>802 Pine Ridge Circle</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
[Redacted]		Phone Registration No. (Optional)
[Redacted]		Phone (optional)
[Redacted]		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepparent
		<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
		<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-10-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name <u>MERRITT</u>	First Name <u>Mildred</u>	Middle Name <u>E</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>802 Pine Ridge Circle</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move:			
You must provide at least one identification number (NC Driver's License, ID Card, or Social Security Number) [REDACTED]		Voter Registration No. (Optional)	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

CLERK OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

2-8-18
Date

X [Signature] [Name] 2/8/18
Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
836 of 2658
Physical Address: 301 S Cypress St, Elizabethtown NC 28337
Mailing Address: PO Box 512, Elizabethtown
PHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Edwards</u>		First Name <u>Paula</u>		Middle Name <u>T</u>	
Home Address (NC Residential Address.) <u>72 Ronald Britt Rd</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number NC License or ID Number		SSN <u>X X</u>	Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 04 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9/8/18
Date

X

Date



201

State Absentee Ballot Request Form
North Carolina

Exhibit 123.12

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>Duckworth</u>		First Name <u>Danna</u>		Middle Name <u>Jane</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>200 Parson Street</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>[REDACTED]</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>			Voter Registration No. <u>[REDACTED]</u> Phone (optional) <u>[REDACTED]</u> Email (optional) <u>[REDACTED]</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1300</u>		<u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>			
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>		Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

RECEIVED

MAR 26 2018

CD BY
OF ELECTIONS

12-21-17

Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>High</u>		First Name <u>Aleshia</u>		Middle Name <u>Vivere</u>	
Home Address (No Residential Address.) <u>1574 East Headia Rd</u>				Mailing Address (If different than home address.)	
City <u>Riegelwood</u>		State <u>NC</u>	Zip Code <u>29456</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (If applicable)	
You must provide at least one identification number NC License or ID Number <u>X X</u>		SSN <u>[REDACTED]</u>		Registration No. Optional	Phone (optional) <u>910-659-5</u>
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone <u>910-659-3648</u>	Requestor's Email <u>[REDACTED]</u>

RECEIVED
OCT 30 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-29-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>MELVIN</u>		First Name <u>Shirley</u>		Middle Name <u>A</u>	State <u>NC</u>	
Home Address (NC Residential Address.) <u>1105 QUAIL ST</u>				Mailing Address (If different than home address.) <u>SAME</u>		
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>SAME</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: _____						
You must provide at least one identification number NC License <u>[REDACTED]</u>			Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1105 QUAIL ST</u>			City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: _____					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-16-2018 X
 Date

Date



State Absentee Ballot RECEIVED

North Carolina

MAR 23 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: Bladen County Board of Elections

Physical Address

 301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown NC 28337

 PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Melvin	First Name Shirley	Middle Name Ann	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 1105 Quail Street		Mailing Address (If different than home address.) 1105 Quail Street		
City Elizabethtown	State NC	Zip Code 28337	City Elizabethtown	State NC
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1/		Previous Name (if applicable)		
[REDACTED] on number below. (or see instructions) SSN X X X - X X - [REDACTED]		Voter Registration No. Optional	Phone (optional) 910-258-8332	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1105 Quail Street		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)
☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
OCT 08 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Thompson</u>		First Name <u>Dawn</u>		Middle Name <u>Bridger</u>	
Home Address (NC Residential Address.) <u>13004 Hwy 131 North</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC ID, Driver's License, etc.)			Voter Registration No. <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>
			Email (optional) <u>[REDACTED]</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>13004 Hwy 131 North</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

9-1-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Current Issues:
 2015 U.S. Census
 Bladen County Board of Elections
 2017

PHONE: 910 867-2051 FAX: 910 867-7830
 elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
 Election Type (Primary, General, Municipal, Special, etc.)

on 5-8-18
 Election Date

Voter Information

Last Name <u>Thompson</u>	First Name <u>Dawn</u>	Middle Name	Sex	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>13004 NC Hwy 131 north</u>		Mailing Address (If different than home address)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if different)		
If "No," indicate the date of your move: / /				
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)	Mail (optional)
[REDACTED] X X X - X X - [REDACTED]				

RECEIVED
APR 13 2018

Absentee Voting Information

TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepson/stepdaughter	<input type="checkbox"/> father-in-law
	<input type="checkbox"/> adult law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Sig

4-10-18
 Date

Signature of Near Relative/Legal Guardian (if applicable)

X
 Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Lesane</u>		First Name <u>TONTga</u>		Middle Name <u>T</u>	
Home Address (NC Residential Address.) <u>310 Bill St</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number			Voter Registration No. Optional		
SSN			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/15/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election D

Voter Information

Last Name <u>EPPS</u>		First Name <u>Hazel</u>		Middle Name <u>K</u>	
Home Address (NC Residential Address.) <u>71 Tinas Lane</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number NC License or ID Number SSN <u>XXXXXX</u>		Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9/22/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

AUG 22 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Election*

Voter Information

Last Name STARKLOFF		First Name KYLE		Middle Name LEE	
Home Address (NC Residential Address.) 340 HAYFIELD ST.				Mailing Address (If different than home address.)	
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NCL) X			Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 340 HAYFIELD ST.		City ELIZABETHTOWN	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/16/18
Date

X

Date

Db

202



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Turner</u>		First Name <u>Kimberly</u>		Middle Name <u>Dawn</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>516 Webb Fawik Rd</u>				Mailing Address (If different than home address.) [REDACTED]		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable) RECEIVED	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			Voter Registration No. [REDACTED]		Phone (optional) [REDACTED] Email (optional) [REDACTED]	
Your NC number below. (or see instructions) <u>XX - XX - [REDACTED]</u>			Voter Registration No. Optional		TIME <u> </u> REC'D BY <u> </u> BLADEN CO. BD. OF ELECTIONS	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

3-20-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Edwards</u>		First Name <u>Bobbie</u>		Middle Name <u>Jean</u>	
Home Address (NC Residential Address.) <u>104 Pecon Street Apt 3C</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-10-18

X

Date

Date

RECEIVED
 OCT 15
 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

202



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

RECEIVED
MAR 13 2018

Home Address
3015 Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

PHONE: 910-862-6951 FAX: 910-862-7802

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Edwards</u>		First Name <u>Bobbie</u>		Middle Name <u>Jean</u>	
Home Address (NC Residential Address.) <u>104 Pecan Street apt. 3c</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[redacted]</u> SSN <u>[redacted]</u>			Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>104 Pecan Street apt 3c</u>		City <u>Bladenboro</u>	State <u>nc</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: **GENERAL ELECTION** on **NOVEMBER 6, 2018**
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Lewis		First Name Ronald		Middle Name G	
Home Address (NC Residential Address.) 245 Burden Rd				Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28392	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN X X X	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 05 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/28/18
Date

X

Date



State Absentee Ballot Request Form

RECEIVED RECEIVED

OCT 08 2018

OCT 08 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY TIME REC'D BY

BLADEN CO. BO. OF ELECTIONS BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER

Election Type (Primary, General, Municipal, Special, etc.)

Elect

Voter Information

Last Name <i>Tyler</i>		First Name <i>Jeffery</i>		Middle Name <i>L</i>	
Home Address (NC Residential Address.) <i>110 N. Newton ST.</i>				Mailing Address (if different than home address.) <i>Same</i>	
City <i>Elizabethtown</i>	State <i>NC</i>	Zip Code <i>28337</i>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <i>Bladen</i>		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification number NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>		Voter Registration No. <input type="checkbox"/>		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <i>Same As Above</i>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/7/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 08 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Tyler</u>		First Name <u>Kimberly</u>		Middle Name <u>Nash</u>	
Home Address (NC Residential Address.) <u>110 N. Newton Street</u>				Mailing Address (if different than home address.) <u>Same</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification number: NC license or ID Number _____ SSN _____			Voter Registration No. _____ Optional		Phone (optional) _____ Email (optional) _____

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

P10/7/18 X
 Date

Date



State Absentee Request Form

North Carolina

RECEIVED
AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Robinson</u>		First Name <u>Arnita</u>		Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>401 Swaney Rd apt 101</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)		
If "No," indicate the date of your move: [REDACTED]						
You must provide at least one identification number: NC License or ID Number [REDACTED] SSN [REDACTED]			Voter Registration No. Optional	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-29-8 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

P10

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Election*

Voter Information

Last Name <u>Fowler</u>		First Name <u>Bonnie</u>		Middle Name <u>Canady</u>	
Home Address (NC Residential Address.) <u>3458 Mitchell Ford Rd.</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> <u>[Redacted]</u> SSN <input type="checkbox"/> <u>[Redacted]</u>			Voter Registration No. <input type="checkbox"/> <u>[Redacted]</u> Phone (optional) <input type="checkbox"/> <u>[Redacted]</u> Email (optional) <input type="checkbox"/> <u>[Redacted]</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7:30-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Elect*

Voter Information

Last Name <u>Lane</u>	First Name <u>Carolyn</u>	Middle Name <u>Gibson</u>
Home Address (NC Residential Address.) <u>590 Chicken Foot Road</u>		Mailing Address (If different than home address.)
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number (NC Identification Number, Driver's License, etc.)		Phone (optional) <u>910-872-5509</u>
Voter Registration No. (Optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>590 Chicken Foot Rd</u>		City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Hobson Lane Jr</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>590 Chicken Foot Rd.</u>		Name of Corporation (if appointed legal guardian)		
City <u>TAR HEEL</u>	State <u>N.C.</u>	Zip Code <u>28392</u>	Requestor's Phone <u>910-872-0509</u>	Requestor's Email <u>hobsonlane@yahoo.com</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:		<div style="text-align: right;"> RECEIVED OCT 20 2018 BLADEN CO. BD. OF ELECTIONS </div>	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from your usual residence or an eligible dependent <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		<div style="text-align: right;"> RECEIVED OCT 20 2018 BLADEN CO. BD. OF ELECTIONS </div>	

Signature of Near Relative/Legal Guardian (if applicable)

10-19-18 X Hobson Lane Jr 10-20-18
 Date Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name <u>Robeson</u>		First Name <u>Thelma</u>		Middle Name <u>Sean</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1916 Cape Owen manor</u>				Mailing Address (If different than home address.) [REDACTED]		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28322</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]			Voter Registration No. (Optional)		Phone (optional)	Email (optional)
You must provide at least one identification number (NCL) [REDACTED] X [REDACTED]						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1916 Cape Owen manor</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28322</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1-15-18
Date

Date

15



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jungert</u>	First Name <u>John</u>	Middle Name <u>E</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>155 HESTER mill Rd</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: [REDACTED]			
You must provide at least one identification number (NC Driver's License, NC ID Card, or US Passport) [REDACTED]		Voter Registration No. (Optional)	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-29-18
Date

X

Date

202



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5/18/18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Bungert	First Name John	Middle Name E	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 155 Hester Mill Rd			Mailing Address (if different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)	
You must provide at least one identification number (NCU) [REDACTED]			Voter Registration No. (Optional)	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)
☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-9-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

EXHIBIT 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 858 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Howard</u>	First Name <u>Daniel</u>	Middle Name
Home Address (NC Residential Address.) <u>15590 NC 131 Hwy S</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number NC License or ID Number SSN		Registration No. Optional
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother /sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 04 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

9/8/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections 859 of 2658
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org P-202

BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Christian</u>		First Name <u>James</u>		Middle Name <u>Herman</u>	Suffix
Home Address (NC Residential Address.) <u>192 White owl loop Road.</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1-</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX</u>			Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be sent?) <u>Same as above</u>		State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
City		State	Zip Code
Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

2/16/2018
Date

Date

Go to www.bladenco.org to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Smith</u>		First Name <u>Sherry</u>		Middle Name [REDACTED]	
Home Address (NC Residential Address.) <u>314 Lennon Dr</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification [REDACTED] SSN [REDACTED]			Voter Registration No. [REDACTED]		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-21-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Autry</u>	First Name <u>Amy</u>	Middle Name <u>Lynn</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>303 Pecan St. Apt. 3C</u>		Mailing Address (If different than home address.) [REDACTED]	
City <u>Bladenboro</u>	State	Zip Code	City <u>Bladenboro</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable) <u>APR 12 2018</u>
If "No," indicate the date of your move: ____/____/____		Voter Registration No. Optional	TIME REC'D BY [REDACTED] OF ELECTIONS
You must provide the last four digits of your NC ID number below. (or see instructions) <u>XX - XX - [REDACTED]</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>	City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Hancock</u>		First Name <u>Pamela</u>		Middle Name <u>D</u>	
Home Address (NC Residential Address.) <u>648 Paul Brisson Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Daniel Powless</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>684 Paul Brisson Rd</u>		Name of Corporation (If appointed legal guardian)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Daniel R Powless 8-2-2018

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name <u>HANCOCK</u>	First Name <u>PAMELA</u>	Middle Name <u>D</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>648 Paul Brisson Rd</u>		Mailing Address (If different than home address.) <u></u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u></u>			
You must provide at least one identification number <u></u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: <u></u>			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1-26-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2010

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2010
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>COOK</u>		First Name <u>Lucy</u>		Middle Name <u>H.</u>	
Home Address (NC Residential Address.) <u>13328 NC HWY 53 W</u>				Mailing Address (If different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification: NC License or ID Number <u>X</u> SSN <u></u>			Voter Registration No. <u></u>		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>13328 NC HWY 53</u>		City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-3-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 13 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
501 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME REC'D BY PHONE: 910-862-6951
BLADEN CO. BD. OF ELECTIONS elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Outlaw</u>	First Name <u>James</u>	Middle Name <u>Charles</u>
Home Address (NC Residential Address.) <u>219 Hemlock Drive</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
Previous Name (if applicable)		Phone (optional)
Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 412</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	Name of Corporation (If appointed legal guardian)	
Requestor's Address	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

01-12-18 X
Date

Date



State Absentee Ballot Request Form
North Carolina
RECEIVED
SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name HESTER	First Name JAMES	Middle Name L
Home Address (NC Residential Address.) 317 L B Lennon Rd		Mailing Address (if different than home address.)
City Bladenboro	State nc.	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen
If "No," indicate the date of your move: _____		Previous Name (if applicable)
You must provide at least one identification NC License or ID Number _____		Voter Registration No. _____ <i>Optional</i>
		Phone (optional) _____
		Email (optional) _____

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 611		City Bladenboro	State nc.	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-29-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary on May 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hester</u>		First Name <u>James</u>		Middle Name <u>Lawrence</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>317 LB Lennon Rd.</u>				Mailing Address (If different than home address.) <u>Same</u>			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>[REDACTED]</u>				Registration No.		Phone	Email
You must provide at least one identification number NC License or ID Number		SSN		[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

OR Signature of Near Relative/Legal Guardian (if applicable)

8-18

X

Date

Date

to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Todd</u>	First Name <u>MARTY</u>	Middle Name <u>R</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>485 SASSAFRASA</u>		Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC ID Card, or US Passport) <u>[REDACTED]</u>		Voter Registration No. (Optional) <u>[REDACTED]</u>		
		Phone (optional)		
		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X 6-24-18

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 13 2010

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS
PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/10
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Todd</u>	First Name <u>Marty</u>	Middle Name <u>Robin</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>485 Sassafras Rd</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/10</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC <u>[REDACTED]</u> <u>XX - XX</u> <u>[REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>485 Sassafras Rd</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28820</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1-11-10 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Gaulton</u>		First Name <u>Noyd</u>		Middle Name <u>Tellie</u>	
Home Address (NC Residential Address.) <u>7463</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladen</u>	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (SSN, Driver's License, etc.)			Voter Registration No. (Optional)		
			Phone (optional) <u>910-151-1111</u>		
			Email (optional)		

TIME _____ RECEIVED BY _____
BLADEN CO. BO. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>7463 Bladenboro</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-30-18 X

Date

Date

202



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 13 2018

BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 1801 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown NC 28337

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

 PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Elect

Voter Information

Last Name <u>DiCicco</u>		First Name <u>LOUIS</u>		Middle Name [REDACTED]	
Home Address (NC Residential Address.) <u>901 Village St</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification [REDACTED]			Voter Registration No. [REDACTED]		
[REDACTED]			Phone (optional)		
[REDACTED]			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>901 Village St</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>LORETTA DiCicco</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>PO Box 919</u>		Name of Corporation (If appointed legal guardian)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone <u>910-872-3173</u>	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

 X Loretta DiCicco 7/1/17

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME DECIDED BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McIntosh</u>	First Name <u>MARGIE</u>	Middle Name <u>L</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>296 Bladenboro Air Port Rd</u>		Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>	City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-26-18
Date

X

Date



202

Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North CarolinaRECEIVED
MAR 13 2018Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

Change Address

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McLamb</u>	First Name <u>Maxgie</u>	Middle Name <u>L</u>	Suffix <u>[Redacted]</u>
Home Address (NC Residential Address.) <u>296 Bladenboro Airport Rd</u>		Mailing Address (If different than home address.) <u>[Redacted]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (If applicable)
If "No," indicate the date of your move: <u>1-1-18</u>			
You must provide at least one identification number: NC License or ID Number <u>[Redacted]</u> SSN <u>[Redacted]</u>		Registration No.	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

[Signature]

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Willis</u>		First Name <u>Roxie</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>843 Clyde Hatcher Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Council</u>		State <u>NC</u>	Zip Code <u>28434</u>	City	State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence	
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)	
You must provide at least one identification number NC License or ID Number		SSN <u>XX</u>	Registration No.	Phone (optional) <u>910-625-6335</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 10 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10/9/18 X
Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Willis</u>		First Name <u>Boxie</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>843 Clyde Hatcher Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
Previous Name (if applicable)					
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one identification number: NC License or ID Number SSN <u>X X X</u>			Registration No.	Phone (optional) <u>910-625-6385</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

RECEIVED

APR 25 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED]
Date 4/24/18

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election on Nov 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name BREWINGTON	First Name JAMES	Middle Name MICHAEL	Suffix [REDACTED]
Home Address (NC Residential Address.) 305 E. ELM ST.		Mailing Address (If different than home address.) [REDACTED]	
City BLADENBORO	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: [REDACTED]		Voter Registration No. [REDACTED]	Phone (optional) [REDACTED]
You must provide at least one identification NC License or ID Number [REDACTED]		Email (optional) [REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 2915 Confederate Ave.	City Lynchburg	State Va.	Zip Code 24501
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name (First) (Middle) (Last) (Suffix)	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed by a corporation)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

RECEIVED

OCT 11 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

10-6-18 X

Date

Date

CSBE.gov to check your voter registration or absentee voting status.

SEE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Todd</u>		First Name <u>Regina</u>		Middle Name <u>Cagle</u>	
Home Address (NC Residential Address.) <u>85 Old Abbottsburg Road</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC Driver's License Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>85 Old Abbottsburg Road</u>		City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

RECEIVED

OCT 01 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9/26/18

X

Date

Date

p-10



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name TODD	First Name REGINA	Middle Name CAGLE	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 85 OLD ABBOTTSBURG ROAD		Mailing Address (If different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN	Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____				
You must provide at least one identification number below. (or see instructions) NC [REDACTED] XX - XX [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas)

Transmit my ballot by:
(Military/Overseas Voters Only)
☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

RECEIVED BY
BLADEN CO. BOARD OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

X

03/17/18
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Electio*

Voter Information

Last Name Blanks		First Name Clifford		Middle Name B	
Home Address (NC Residential Address.) 132 Motown Rd.				Mailing Address (If different than home address.)	
City Riegelwood		State NC	Zip Code 28456	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one Identification number (NC License or ID Number)				er Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-20-18
 Date

X
 Date



State Absentee Ballot Request Form

North Carolina Exhibit 4.2.3/1.2

Bladen County Board of Elections
P. O. BOX 512 880 of 2658
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Clabaugh</u>		First Name <u>Frederick</u>		Middle Name <u>P</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>1320 Zion Hill Ch. Rd.</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>			Voter Registration No.		
			Phone (optional) RECEIVED OCT 10 2018		

Absentee Voting Information

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Absentee Mailing Address (Where should the ballot be mailed?) <u>1320 Zion Hill Church Rd.</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name <u>Doris J Clabaugh</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>1320 Zion Hill Ch. Rd.</u>		Name of Corporation (If appointed legal guardian)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone <u>910-212-7354</u>	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☒ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

X

X

Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TIME 8:17 REC'D BY BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Cromartie</u>		First Name <u>Leo</u>		Middle Name <u>Thomas</u>	
Home Address (NC Residential Address.) <u>78 Pompie Rd.</u>				Mailing Address (If different than home address.) <u>PO Box 602</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable) _____		
You must provide at least one identification SSN <u>[REDACTED]</u> <input checked="" type="checkbox"/>			Voter Registration No. Optional _____		Phone (optional) _____
			Email (optional) _____		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name _____				
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-11-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 22 2018
REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name STARKLOFF		First Name KELLY		Middle Name HAYES	Suffix [REDACTED]
Home Address (NC Residential Address.) 340 HAYFIELD ST.				Mailing Address (if different than home address.)	
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [REDACTED] X			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 340 HAYFIELD ST.		City ELIZABETHTOWN	State NC	Zip Code 28337
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/16/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

p 35

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name Sells		First Name Ralph		Middle Name Mike	
Home Address (NC Residential Address.) 479 Willard Tatum Rd				Mailing Address (If different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
Previous Name (if applicable)					
If "No," indicate the date of your move:					
You must provide at least one identification number (NC License or ID Number)			Voter Registration No. (Optional)		
Phone (optional)			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

p 35

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Sells</u>		First Name <u>Ralph</u>		Middle Name <u>Mike</u>	
Home Address (NC Residential Address.) <u>479 Willard Tatum Rd</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move: <u>[REDACTED]</u>					
You must provide at least one identification number (NC LI <u>[REDACTED]</u> X <u>[REDACTED]</u>)			er Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> sibling <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



STATE ABSENTEE BALLOT REQUEST FORM
North Carolina

Exhibit 4.2.3.1.2

885 of 2658

301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Stanley</u>		First Name <u>Aleathia</u>		Middle Name <u>M</u>	
Home Address (NC Residential Address.) <u>107 Blackrock Rd.</u>				Mailing Address (if different than home address.)	
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No. <small>Optional</small>		Phone (optional)
SSN <u>X X X</u>					Email (optional)

Absen Absen		State		Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone <u>910.655.2483</u>	Requestor's Email	

RECEIVED

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence of an eligible spouse dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

TIME
BLADEN CO. BD. OF ELECTIONS

Signature of Voter (voter only) <u>[Redacted]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>11-14-18</u>	Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 17 2018
TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Whitted</u>		First Name <u>Jacqueline</u>		Middle Name <u>Elaine</u>	
Home Address (NC Residential Address) <u>87 Florence dr.</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>
			Email (optional) <u>[REDACTED]</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/14/18 X
Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2

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State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name

SYKES

First Name

BRENDA

Middle Name

GAIL

Suffix

Home Address (NC Residential Address.)

1260 GUYTON RD.

Mailing Address (If different than home address.)

City

BLADENBORO

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number

NC License or ID Number

SSN

X X X

Registration No.

onal

Phone (optional)

Email (optional)

brenda5299@yahoo.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☐ Republican

☐ Libertarian

☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Guardian (if applicable)

9-28-18 X

Date

Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Elect

Voter Information

Last Name <u>Harvey</u>		First Name <u>Brian</u>		Middle Name <u>W</u>	
Home Address (NC Residential Address.) <u>202 Pecan Dr</u>				Mailing Address (If different than home address.)	
City <u>Bladen Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same</u>		City	State	Zip Code
TIME <u>OCT 15 2018</u> REC'D BY <u>BLADEN CO. BD. OF ELECTIONS</u>				
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/23/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 889 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name	First Name	Middle Name
Parker	William	Keith
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)
1763 Guyton Rd Bladenboro NC		
City	State	Zip Code
Bladenboro	NC	28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Bladen
You must provide at least one identification number (SSN, NC Driver's License Number, or NC Identification Card Number)		Previous Name (if applicable)
SSN: X X		
Voter Registration No. Optional		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
1763 Guyton Rd		Bladenboro	NC	28320
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)


Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/17/18 X

Date

Date

	State Board of Elections North Carolina		NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov
	NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov		

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

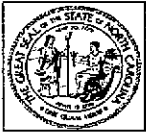
I am requesting an absentee ballot for the: Primary on _____

Voter Information					
Last Name <u>Jessup</u>		First Name <u>Sharon</u>		Middle Name <u>Kay</u>	
Home Address (NC Residential Address) <u>1838 NC Hwy 53 West</u>				Mailing Address (If different than home address.) <u>Same</u>	
City <u>Elizabeth town</u>		State <u>NC</u>	Zip Code <u>28337</u>		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/11</u>				Previous Name (if applicable)	
You must provide at least one identification NC License or ID Number		Voter Registration No.		Phone (optional)	Email (optional)
				<u>910-991-5441</u>	<u>hinkatude72@yahoo.com</u>

Absentee Voting Information					
Absentee Mailing Address (Where should the ballot be mailed?) <u>1838 NC Hwy 53 West</u>				City <u>Elizabeth town</u>	State <u>NC</u>
				Zip Code <u>28337</u>	
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.					
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> other-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address			Name of Corporation (If appointed legal guardian)		
			RECEIVED APR 27 2018		
City	State	Zip Code	Requestor's Phone	Requestor's Email	
				REC'D BY BLADEN CO. BD. OF ELECTIONS	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)	
<u>4-25-18</u>	<u>X</u>
Date	Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 891 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Devone</u>		First Name <u>Richard</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>90 Maysville Lane</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
Identification Number <u>[REDACTED]</u>		SSN <u>X</u>	Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>	Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>			City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>[REDACTED]</u>			Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>[REDACTED]</u>

Signature of Near Relative/Legal Guardian (if applicable)

8-30-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 892 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Eason</u>		First Name <u>Jerry</u>		Middle Name <u>Dwayne</u>	
Home Address (NC Residential Address.) <u>757 Ball Park Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: SSN <u>X X</u>			Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>757 Ball Park Rd</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-8-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Elect

Voter Information

Last Name <u>Fields</u>		First Name <u>David</u>		Middle Name <u>Ray</u>	
Home Address (NC Residential Address.) <u>17253 Hwy 201 131 South</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN	Voter Registration No. Optional		Phone (optional)
<u>X X</u>					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1211</u>		City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

RECEIVED
MAR 26 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

X

1/12/18
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Troy</u>	First Name <u>David</u>	Middle Name	Suffix <u>Jr</u>	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>209 Mercer Mill Rd Apt 2M</u>		Mailing Address (if different than home address.) <u>SAME</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>		County of Residence <u>Bladen</u>		
Voter Registration No. [REDACTED] X X - X X - [REDACTED]		Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City <u>Bladen</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-21-18
Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2

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State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 276117255

PHONE: 1-866-522-723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov. 3, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name CAIN		First Name JOHN		Middle Name DANIEL	Suffix
Home Address (NC Residential Address.) 456 PAGES LAKE RD.				Mailing Address (if different than home address.)	
City SAINT PAULS	State NC	Zip Code 28384	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable)		
You must provide at least one identification number: SSN <u>[REDACTED]</u> <input checked="" type="checkbox"/> X <u>[REDACTED]</u>			Registration No. <u>[REDACTED]</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 456 Pages Lake Road		City Saint Pauls	State NC	Zip Code 28384
If voter is registered as <u>unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address <u>[REDACTED]</u>		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian)		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Near Relative/Guardian (if applicable)

9-27-18

X

Date

Date

to check your voter registration or absentee voting status.

FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2

896 of 2658



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov. 6th 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name CAIN		First Name LOLA		Middle Name ANN		Suffix	
Home Address (NC Residential Address.) 456 PAGES LAKE RD.				Mailing Address (If different than home address.)			
City SAINT PAULS		State NC	Zip Code 28384	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____				Registration No.		Phone (optional)	Email (optional)
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>				Optional			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 456 Pages Lake Road		City Saint Pauls	State N.C.	Zip Code 28384
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable)

9-27-18 X
Date

Date

V2013.11

gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections of 2658
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on 4/5/18
Election Date

Voter Information

Last Name <u>Drayton</u>		First Name <u>Andrea</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>507 Martin Street</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28332</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>				RECEIVED APR 09 2018		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u> </u> SSN <u> </u>				Voter Registration No. <u> </u> Phone (optional) <u> </u> Email (optional) <u> </u>		
<u> </u> <u> </u> <u> </u>				TIME REC'D BY BLADEN CO. BD. OF ELECTIONS		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>				State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address				Name of Corporation (if appointed legal guardian)	
City		State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
<u>4/5/18</u> Date	<u> </u> Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Roary</u>		First Name <u>Hattie</u>		Middle Name <u>Bell</u>	
Home Address (NC Residential Address.) <u>2307 Alta Street</u>				Mailing Address (if different than home address.) <u>2307 Alta Street</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>	Voter Registration No.		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2307 Alta Street</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Angelia Pearl Martin</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input checked="" type="checkbox"/> legal guardian		
Requestor's Address <u>P.O. Box 1863 / 89 Mt Dowell Rd.</u>		Name of Corporation (if appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910-879-6441</u>	Requestor's Email TIME REC'D BY BLADEN CO. BD. OF ELECTIONS

RECEIVED
APR 12 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Angelia Pearl Martin 4/12/18

Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov 6 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>BRISSON</u>		First Name <u>Dean</u>		Middle Name <u>Cole</u>	
Home Address (NC Residential Address.) <u>61 BRISSON RD</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1-18</u>			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <u>[REDACTED]</u>			Voter Registration No. <u>00000030656</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>61 BRISSON RD</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian)		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone	Requestor's Email

RECEIVED
OCT 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election**Voter Information**

Last Name <u>Brisson</u>		First Name <u>Dean</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>411 Brisson Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X</u>	Voter Registration No. <u>[REDACTED]</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-9-18X

Date

Date



State Absentee Ballot Form

North Carolina

APR 30 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name BRISSON	First Name Dean	Middle Name Cole	Suffix [REDACTED]
Home Address (NC Residential Address.) 61 BRISSON RD		Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? If "No," indicate the date of your move: [REDACTED]		County of Residence Bladen	Previous Name (if applicable)
You must provide at least one identification [REDACTED]		Voter Registration No. 00000030656	Phone (optional) 872-3635
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 61 BRISSON RD	City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

~ 4-30-2018

Date

Kernie Rose Brisson

4-30-18

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
 Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Hester</u>		First Name <u>PATRICIA</u>		Middle Name <u>A</u>	
Home Address (NC Residential Address.) <u>12353 Hwy 131</u>				Mailing Address (If different than home address.) <u>same</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X</u>	Voter Registration No. <u>910-991-5538</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>12353 Hwy 131</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	TIME REC'D BY <u>Bladen Co. Bd. of Elections</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)
☒ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5/8/2018

201

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Hester</u>		First Name <u>Wilma</u>		Middle Name <u>Evers</u>		Suffix	
Home Address (NC Residential Address.) <u>11 Richardson Road</u>				Mailing Address (If different than home address.) <u>PO Box 293</u>			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>							
You must provide at least one identification number below. (or see instructions) NC License or ID Number				Voter Registration No.		Phone (optional)	
SSN <u>XX</u>						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 293</u>				City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
				<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
				<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address				Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>MAR 26 2018</u>		Fax Number or Email Address	

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

X

Date 5/8/2018

Date

gov to check your voter registration or absentee voting status.

202



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 13 2018

 TIME _____ REC'D BY
 BLADEN CO. BO. OF ELECTIONS

 Bladen County Board of Elections
 PO Box 512
 Elizabethtown, NC 28337

 PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General/Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Thompson</u>		First Name <u>Rebecca</u>		Middle Name <u>D</u>		[REDACTED]	
Home Address (NC Residential Address.) <u>303 Pecan St AP-5C</u>				Mailing Address (If different than home address.)			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: _____							
You must provide at least one identification number: NC License or ID Number		SSN	Registration No.		Phone	Email	
X X							

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>			City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility: _____						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address			Name of Corporation (If appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sign <u>X</u> Date <u>9/26/17</u>	OR Signature of Near Relative/Legal Guardian (if applicable) <u>X</u> Date _____
--------------------------------------	--



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name Hester		First Name Crystal		Middle Name Renee	
Home Address (NC Residential Address.) 428 Ashe St #1				Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (e.g., driver's license, state ID, etc.)			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 941		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/23/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on May 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hester</u>	First Name <u>Crystal</u>	Middle Name <u>Renee</u>	Suffix <u>[Redacted]</u>
Home Address (NC Residential Address.) <u>428 South Ash St. Apt 1</u>		Mailing Address (If different than home address.) <u>PO Box 941</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)	
You must provide at least one identification number NC License or ID Number <u>XX</u>		Registration No.	Phone <u>910-549-1447</u>
		Email	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 941</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	TIME <u>REC'D</u> State <u>BLADEN CO. BD. OF ELECTIONS</u>	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) OR Signature of Near Relative/Legal Guardian (if applicable)

2-28-18 X

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

907 of 2658

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Long	Scott		
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)	
40 Long Rd			
City	State	Zip Code	City
TARHEE	NC	28392	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>1-1</u>		Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number <input type="checkbox"/> SSN <input checked="" type="checkbox"/>		Registration No.	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
SAME AS ABOVE				
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

12-21-17 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

on

Election Type (Primary, General, Municipal, Special, etc.)

Electio

Voter Information

Last Name Druzak		First Name Derek		Middle Name	
Home Address (NC Residential Address.) 273 Holly St				Mailing Address (If different than home address.)	
City TarHeel	State NC	Zip Code 28392	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 207		City TarHeel	State NC	Zip Code 28392
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name LUDLUM		First Name STEVE		Middle Name DONOVAN		Suffix	
Home Address (NC Residential Address.) 111 PEACAN STREET				Mailing Address (If different than home address.) PO Box 387			
City BLADENBORO		State NC	Zip Code 28320	City BLADENBORO		State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence BLADEN		Previous Name (if applicable)	
If "No," indicate the date of your move:							
You must provide at least one identification number [REDACTED] X				Voter Registration No. Optional		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 387		City BLADENBORO		State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

RECEIVED

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

BY
ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

3-24-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 51210 of 2658
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lee</u>		First Name <u>Laura</u>		Middle Name <u>Ann</u>		Suffix	Date of Birth
Home Address (NC Residential Address.) <u>36 George W Kelly Rd</u>				Mailing Address (If different than home address.) <u>P.O. Box 154</u>			
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1-1</u>			County of Residence <u>Bladen</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No. Optional		Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 154</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8-13-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>McKoy</u>		First Name <u>Dewanye</u>		Middle Name [REDACTED]	
Home Address (NC Residential Address.) <u>706 Richardson St</u>				Mailing Address (If different than home address.) <u>P.O. Box 553</u>	
City <u>Elizabethtown</u>	State <u>nc</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>nc</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification [REDACTED] SN <input checked="" type="checkbox"/>			Voter Registration No. [REDACTED] Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: [REDACTED]				
Requestor's Address: [REDACTED]				
Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)
☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-8-18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>LONG</u>		First Name <u>Cynthia</u>		Middle Name <u>Denise</u>	
Home Address (NC Residential Address.) <u>40 LONGS Rd</u>				Mailing Address (If different than home address.)	
City <u>TAR HEEL</u>	State <u>N.C.</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification number NC <u>[REDACTED]</u> X <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>40 LONGS Rd.</u>		City <u>TAR HEEL</u>	State <u>N.C.</u>	Zip Code <u>28392</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> caregiver		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
APR 13 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☒ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/12/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 813 of 2658
PO BOX 512
Elizabethtown NC 28337

RECEIVED

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

MAR 13 2018

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.
BLADEN CO. BO. OF ELECTIONS

I am requesting an absentee ballot for the: Primary on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Edwards</u>		First Name <u>Deborah</u>		Middle Name <u>Brisson</u>		Suffix	
Home Address (NC Residential Address.) <u>157 Luther Brisson Road</u>				Mailing Address (If different than home address.)			
City <u>Bladenboro</u>		State <u>NC</u>		Zip Code <u>28320</u>		City <u>Bladen</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable)			
If "No," indicate the date of your move: <u>1-1</u>		Voter Registration No.		Phone (optional)		Email (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX</u>		SSN <u>XXX</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		State		Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City		State		Zip Code	
		Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

1-3-18

X

Date

Date

Go to www.bladenco.org to check your voter registration or absentee voting status.

**State Absentee Ballot Request Form**
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**

I am requesting an absentee ballot for the:

Primary

on

5-8-2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Kelly</u>		First Name <u>Dolores</u>		Middle Name <u>Deaver</u>	Suffix [Redacted]
Home Address (No Residential Address.) <u>3332 Old Abbottsburg RD</u>				Mailing Address (If different than home address.) [Redacted]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1-</u>					
You must provide at least one identification number: NC License or ID Number SSN <u>X X</u>			Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

RECEIVED

MAR 26 2019

Signature of Near Relative/Legal Guardian (if applicable)

ELECTIONS

1-18-18X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name Turner		First Name Demeka		Middle Name Shana	
Home Address (NC Residential Address.) Hickory 390 twisted highway Apt 13				Mailing Address (If different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC ID Card, or other government-issued photo ID)			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

916 of 2658



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11/2/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name GAPPINS	First Name KIMBERLY	Middle Name MARIE	Suffix	
Home Address (NC Residential Address.) PO BOX 661		Mailing Address (if different than home address.)		
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)	
If "No," indicate the date of your move:		Water Registration No. Optional	Phone (optional)	Email (optional)
You must provide at least one identification NC License or ID Number				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 661		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if applicable) (Requestor's Guardian)		
City	State Zip Code	Requestor's Phone	Requestor's Email	
		TIME REC'D BY OCT 15 2018 BLADEN CO. BD. OF ELECTIONS		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sign

Signature of Near Relative/Guardian (if applicable)

10/10/18 X
Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Dowless</u>		First Name <u>Steve</u>		Middle Name <u>E</u>	
Home Address (NC Residential Address.) <u>499 Evers Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," Indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <u>X</u> SSN			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Carolyn Dowless</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>499 Evers Rd</u>		Name of Corporation (If appointed legal guardian)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Carolyn R. Dowless 8-25-18

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>DOWLESS</u>	First Name <u>STEVE</u>	Middle Name <u>E</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>499 EVELS RD</u>		Mailing Address (if different than home address.) [REDACTED]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1-1</u>			
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Registration No.	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-27-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 06 2018
TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name DAVIS	First Name Jacquelyn	Middle Name Olivia	Suffix Miss	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 141 JC Road		Mailing Address (If different than home address.) P.O. Box 261		
City White Oak	State NC	Zip Code 28399	City White Oak	State NC
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable) RECEIVED AUG 06 2018		
You must provide at least one identification number (NCID, Driver's License, etc.) [REDACTED]		Voter Registration No. 0000000		
[REDACTED]		Phone (optional) 910-580-3425		Email (optional) [REDACTED]
[REDACTED]		TIME _____ REC'D BY _____ BLADEN CO. BD. OF ELECTIONS		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 261		City White Oak	State NC	Zip Code 28399
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 13 2018

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

TIME _____ REC'D BY _____

BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Burney</u>	First Name <u>Sandy</u>	Middle Name <u>Timothy</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>631 Hickman Rd</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: ____/____/____		Previous Name (if applicable)		
Voter Registration No. [REDACTED] X X X - X X [REDACTED]		Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-4-18x

Date

Date

201



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Correa</u>		First Name <u>Cynthia</u>		Middle Name <u>Dore</u>		Suffix [REDACTED]	
Home Address (NC Residential Address.) <u>4465 Old Abbottsburg Road</u>				Mailing Address (If different than home address.) <u>P.O. Box 1419</u>			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/18</u>				You must provide at least one identification number below (for see instructions)		Phone <u>910 740-2033</u>	
NC License or ID Number [REDACTED]		SSN <u>X X</u>		Registration No.		Email <u>Cynthia.Correa51@yahoo</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1419</u>				City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address				Name of Corporation (If appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

MAR 26 2018

TIME REC'D BY

Signature of Voter (voter only)

OR

Signature of Near Relative/Legal Guardian (if applicable)

8-11-17X

Date

Date

check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>CRUMARTIE</u>		First Name <u>CHARLES</u>		Middle Name <u>COLEMAN</u>	
Home Address (NC Residential Address.) <u>10213 NC Hwy 87W</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>TAR HEEL</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below (see instructions) NC License or ID Number SSN <u>XXX-XX-XXXX</u>			Voter Registration No.		Phone (optional) <u>910-866-5627</u>
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 10 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10-9-2018 X
Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2013

 TIME REC'D BY
 BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

SOL

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Tyndall</u>		First Name <u>Nancy</u>		Middle Name <u>m</u>	
Home Address (NC Residential Address.) <u>171 Windmillway</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-7-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 924 of 2658
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5/8/18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>ezzell</u>	First Name <u>Sharon</u>	Middle Name <u>Knepper</u>	Suffix
Home Address (NC Residential Address.) <u>326 Willoughby RD</u>		Mailing Address (if different than home address.) <u>Po Box 1099</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	
NC License or ID Number <u>X X</u>	SSN <u>X X</u>	Phone (optional)	Email (optional)

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan		TIME REC'D BY APR 03 2018 BLADEN CO. BD. OF ELECTIONS	
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-29-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

p202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Khinlaw</u>		First Name <u>Cheryl</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>11591 HWY 53 West</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Voter Registration No. (Optional)		Phone (optional)	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> aunt/uncle <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	

RECEIVED
OCT 15 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

162

Exhibit 4.2.3.1.2

926 of 2658



State Absentee Ballot Request Form

North Carolina

SEP 21 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Kinlaw</u>		First Name <u>Cheryl</u>		Middle Name <u>Sue</u>	
Home Address (NC Residential Address.) <u>500 Chestnut St</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>	Driver Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date

202



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 13 2018

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Kinlaw</u>		First Name <u>Cheryl</u>		Middle Name <u>Jane</u>	
Home Address (NC Residential Address.) <u>500 Chestnut St</u>				Mailing Address (if different than home address.) <u>500 Chestnut</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> <u>[Redacted]</u>		SSN <input checked="" type="checkbox"/> <u>[Redacted]</u>	Registration No.	Phone	Email

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (or Near Relative/Legal Guardian if applicable) <u>[Redacted]</u>	OR Signature of Near Relative/Legal Guardian (if applicable) <u>10/2/17</u> X
Date	Date

Go to [www.bladenco.org](#) to check your voter registration or absentee voting status.



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

928 of 2658

TO: Bladen County Board of Elections

PO Box 512

Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

MAR 13 2018

REC'D BY

BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Hester	First Name James	Middle Name B	Suffix [REDACTED]
Home Address (NC Residential Address.) 1208 S TORRES Rd		Mailing Address (If different than home address.) [REDACTED]	
City Bladenboro	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence [REDACTED]	
If "No," indicate the date of your move: 1-1-		Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Registration No.	Phone (optional)
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name [REDACTED]		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address [REDACTED]		Name of Corporation (if appointed legal guardian)		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

12-25-17 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P/S

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Elect*

Voter Information

Last Name <u>Caulder</u>		First Name <u>Nancy</u>		Middle Name <u>Gause</u>	
Home Address (NC Residential Address.) <u>414 Old Place LN</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC License or ID Number, ISSN, etc.)			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>414 Old Place LN</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-10-18X

Date

Date

P-60



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name Allen		First Name Joe		Middle Name R	
Home Address (NC Residential Address.) 105 Robinson Place				Mailing Address (If different than home address.)	
City TARHEEL	State NC	Zip Code 28392	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC ID Number, or US Social Security Number)			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 26		City TARHEEL	State NC	Zip Code 28392
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McLean</u>		First Name <u>Eugene</u>		Middle Name <u>W/A</u>	
Home Address (NC Residential Address.) <u>506 Butler Mill Rd</u>				Mailing Address (if different than home address.) [Redacted]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/11</u>			Previous Name (if applicable)		
You must provide at least one identification number (see instructions) NC License or ID Number <u>XX</u>			Voter Registration No. [Redacted]		
			Phone (optional) [Redacted]		

RECEIVED
OCT 25 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>506 Butler Mill Rd</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name <u>Zandra McLean Brissan</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>9724 Old Whiteville Rd</u>		Name of Corporation (if appointed legal guardian)			
City <u>Lumberton</u>	State <u>NC</u>	Zip Code <u>28358</u>	Requestor's Phone <u>910-874-7099</u>	Requestor's Email <u>zandrajohnson@rocketmail.com</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☒ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

X Zandra McLean Brissan

10-25-18

Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 22 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Beyer</u>	First Name <u>Jennifer</u>	Middle Name <u>Denese</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>141 Haw Bluff Rd.</u>		Mailing Address (if different than home address.)		
City <u>Ivanhoe</u>	State <u>NC</u>	Zip Code <u>28447</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number <u>[redacted]</u> SSN <u>[redacted]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>141 Haw Bluff Rd.</u>		City <u>Ivanhoe</u>	State <u>NC</u>	Zip Code <u>28447</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/30/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 933 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

261
W

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name RICH	First Name DENNIS	Middle Name FLOYD
Home Address (NC Residential Address.) 759 HOGWALLOW ROAD		Mailing Address (If different than home address.)
City BLADENBORO	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number [REDACTED] SSN [REDACTED]		Phone (optional)
Voter Registration No. [REDACTED]		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
SEP 25 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-12-2018 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

May 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Rich</u>		First Name <u>Dennis</u>		Middle Name <u>Floyd</u>	
Home Address (NC Residential Address.) <u>759 Hogwallow Rd.</u>				Mailing Address (if different than home address.) <u>Samuel</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable) <u>MAR 27 2018</u>		
You must provide at least one identification number NC License or ID Number <u>X</u>			Phone (optional) <u>BLADEN CO. BD. OF ELECTIONS</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>759 Hogwallow Rd.</u>		City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/21/18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Harrell</u>	First Name <u>Mary</u>	Middle Name <u>A</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1604 Lightwood Kt Rd</u>		Mailing Address (If different than home address.)		
City <u>Kelly</u>	State <u>NC</u>	Zip Code <u>28448</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [REDACTED] <input checked="" type="checkbox"/> SSN [REDACTED] <input checked="" type="checkbox"/>		Voter Registration No. Optional		
		Phone (optional)		
		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
		RECEIVED OCT 29 2018		
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan TIME REC'D BY: <u>BLADEN CO. BD. OF ELECTIONS</u>				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/24/2018
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

10/22/18

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Merritt</u>	First Name <u>Ivy</u>	Middle Name <u>Benjamin</u>
Home Address (NC Residential Address.) <u>8906 NC Hwy 41 East</u>		Mailing Address (If different than home address.) <u>8906 NC Hwy 41 East</u>
City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move: _____		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number _____		Phone (optional) <u>910 876 3325</u>
Voter Registration No. <u>0000032097</u>		Email (optional) <u>aemibm@yahoo.com</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>8906 NC Hwy 41 East</u>		City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-5-2018 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

NET 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 937 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.
BLADEN CO. BD. OF ELECTIONSI am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Ward</u>		First Name <u>Jerry</u>		Middle Name [REDACTED]	
Home Address (NC Residential Address.) <u>104 Pecan St 2C</u>				Mailing Address (if different than home address) [REDACTED]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1 / 1</u>			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number [REDACTED]			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Elect

Voter Information

Last Name <u>Merritt-Smith</u>		First Name <u>Tina</u>		Middle Name <u>Gayle</u>	
Home Address (NC Residential Address.) <u>9074 NC Hwy 41 East</u>				Mailing Address (If different than home address.)	
City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification n NC <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional) <u>9108762549</u>
			Email (optional) <u>tgmgogo@yahoo.com</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>9074 NC Hwy 41 East</u>		City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-1-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

p15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information					
Last Name <u>Bordeaux</u>		First Name <u>Steve</u>		Middle Name <u>Yates</u>	
Home Address (NC Residential Address.) <u>1835 Center Rd</u>			Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		
			Phone (optional)		Email (optional)

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?)		City <u>Bladenboro</u>	State <u>NC</u>
		Zip Code <u>28320</u>	
<p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary <u>TIME</u> preference <u>REC'D BY</u> <u>BLADEN CO. BD. OF ELECTIONS</u></p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan</p>			
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility:</p>			
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

940 of 2658

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
BORDEAUX	STEVE	YATES	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
1835 CENTER RD			
City	State	Zip Code	
BLADENBORO	NC	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: 1/1/		Previous Name (if applicable)	
You must provide at least one identification number NC License or ID Number		Registration No.	Phone (optional)
SSN		Email (optional)	
X X			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
1835 CENTER RD		BLADENBORO	NC	28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

12/14/17

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Ward</u>	First Name <u>Doris</u>	Middle Name [REDACTED]
Home Address (NC Residential Address.) <u>104 Pecan St 2C</u>		Mailing Address (If different than home address) [REDACTED]
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)
You must provide at least one identification NC License or ID Number [REDACTED]		Voter Registration No. Optional [REDACTED]
[REDACTED]		Phone (optional) [REDACTED]
[REDACTED]		Email (optional) [REDACTED]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18 X

Date

Date



State Absentee Ballot Request Form

TO: CUMBERLAND COUNTY BOARD OF ELECTIONS
227 FOUNTAINHEAD LANE
FAYETTEVILLE, NC 28301

PHONE: 910-678-7733 FAX: 910-678-7738
absentee@co.cumberland.nc.us

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name WILLOUGHBY		First Name CARL		Middle Name RAY	
Home Address (NC Residential Address) 4979 BURNLEY RD				Mailing Address (If different than home address.) PO Box 111	
City CLARKTON		State NC	Zip Code 28433	City DUBLIN	
State NC		Zip Code 28233			
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence	
If "No," indicate the date of your move: _____				Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number		SSN		r Registration No.	
X X				Phone (optional)	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO Box 111		City DUBLIN		State NC	Zip Code 28233
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	Requestor's Email

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (if applicable)	Signature of Near Relative/Legal Guardian (if applicable)
	4-13-18
	Date

ation or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 943 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

207

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>HARRIS</u>	First Name <u>DEBRA</u>	Middle Name <u>J</u>
Home Address (NC Residential Address.) <u>969 STORMS Rd</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Registration No. <u>[REDACTED]</u> Phone (optional) <u>[REDACTED]</u> Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email RECEIVED

OCT 04 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-8-18 X

Date

Date



State Absentee Ballot Request

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
01 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7802

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

MAR 13 2018

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Harris</u>		First Name <u>Debra</u>		Middle Name <u>J</u>	
Home Address (NC Residential Address.) <u>969 STOKES Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, State ID, or other government-issued photo ID)			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election*

Voter Information

Last Name <u>melvin</u>		First Name <u>Raymond</u>		Middle Name <u>D.</u>	
Home Address (NC Residential Address.) <u>1281 Johnson town Rd.</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/28/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 946 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Edwards</u>		First Name <u>Joel</u>		Middle Name	
Home Address (NC Residential Address.) <u>72 Ronald Britt Rd.</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number NC License or ID Number <u>Y X</u>		SSN <u>[REDACTED]</u>		Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

9-8-18 X
Date

Date

p. 35



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Mathis</u>	First Name <u>Deborah</u>	Middle Name <u>J</u>
Home Address (NC Residential Address.) <u>1160 Sandy Ridge Rd</u>		Mailing Address (If different than home address.)
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification		Voter Registration No. <u>RECEIVED</u> Optional
		Phone (optional) <u>OCT 15 2018</u>
		Email (optional)

Absentee Voting Information

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Absentee Mailing Address (Where should the ballot be mailed?) <u>DOBAY 792</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-4-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McLean</u>		First Name <u>Mary</u>		Middle Name <u>Ann</u>	
Home Address (NC Residential Address.) <u>506 Butler Mill Rd</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable) <u>Mary Ann Edwards</u>		
You must provide at least one identification number below (see instructions). NC License or ID Number <u>XX</u>			Voter Registration No. [REDACTED]		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>506 Butler Mill Rd</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.

Requestor's Name <u>Zandra McLean Brisson</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> brother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>9724 Old Whiteville Rd</u>		Name of Corporation (If appointed legal guardian) REC'D BY BLADEN CO. BD. OF ELECTIONS			
City <u>Lumberton</u>	State <u>NC</u>	Zip Code <u>28358</u>	Requestor's Phone <u>910-874-7099</u>	Requestor's Email <u>zandrajbrisson@rocketmail.com</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☒ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

X Zandra M Brisson

11/25/18

Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951

elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name McDowell	First Name John	Middle Name Edward	Suffix [REDACTED]
Home Address (NC Residential Address.) 109 Singleary St.		Mailing Address (if different than home address.) [REDACTED]	
City Bladenboro	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if any)
If "No," indicate the date of your move: 1/1/18			
You must provide at least one identification number below. (or see instructions) NC [REDACTED] XX - XX [REDACTED]		Voter Registration No. Optional	Phone (optional) Email (optional)
			TIME REC'D BY BLADEN CO. BO. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO Box 911		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-30-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Price</u>		First Name <u>Danny</u>		Middle Name <u>Ray</u>	
Home Address (NC Residential Address.) <u>76 Wrexham Place</u>				Mailing Address (If different than home address.) <u>PO Box 2213</u>	
City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>XX</u>	Voter Registration No.		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 2213</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name <u>Price Cathie Phillips Price</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>PO Box 2213</u>		Name of Corporation (if appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>862-2181</u>	Requestor's Email <u>cathie.prc@yahoo.com</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ TIME ☐ FAX ☐ Email
BLADEN CO. BD. OF ELECTIONS

Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

x Cathie Price

10-12-18

Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Price</u>		First Name <u>Cathie</u>		Middle Name <u>Phillips</u>	
Home Address (NC Residential Address.) <u>76 Wrexham Pl.</u>				Mailing Address (If different than home address.) <u>PO Box 2213</u>	
City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one Identification number: NC License or ID Number		SSN <u>XX</u>	Voter Registration No.		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 2213</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence **TIME ELIGIBLE REG BY**
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely **BLADEN CO. BD. OF ELECTIONS**

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

X Cathie Price

10-12-18

Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Shaw</u>	First Name <u>Sandy</u>	Middle Name <u>LEE</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>2852 Twisted Hickory Rd</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		Voter Registration No. Optional		
		Phone (optional)		
		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2852 Twisted Hickory Rd</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-24-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Shaw</u>	First Name <u>SANDY</u>	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>2852 Twisted Highway</u>		Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number (NC [REDACTED])		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

11-24-18x
Date

Date



State Absentee ~~RECEIVED~~ Form

North Carolina

AUG 22 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Goodin</u>		First Name <u>Mary</u>		Middle Name <u>D</u>	
Home Address (NC Residential Address.) <u>45 Womackway</u>				Mailing Address (If different than home address.)	
City <u>White Lake</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: _____					
You must provide at least one identification number: NC License or ID Number _____		Voter Registration No. _____ Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>164 Goodin Trail</u>		City <u>Richwood</u>	State <u>West</u>	Zip Code <u>26061</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-8-18 X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name OWENS	First Name CHARLES	Middle Name TOMMIE	Suffix [REDACTED]
Home Address (NC Residential Address.) 134 OLD ABBOTTSBURG RD.		Mailing Address (If different than home address.) [REDACTED]	
City BLADENBORO	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: [REDACTED]			
You must provide at least one identification NC License or ID Number [REDACTED] SSN [REDACTED]		Registration No. [REDACTED]	Phone (optional) 648-2679
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 134 Old Abbottsburg Rd.		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	
			Requestor's Email	

RECEIVED

OCT 11 2018

TIME REC'D BY
Bladen Co. Bd. of Elections

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sign X	Signature of Near Relative/Guardian (if applicable) X
Date 10-1-18	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

v2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Tyndall</u>	First Name <u>Jeremy</u>	Middle Name <u>L</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>171 Windmillway</u>		Mailing Address (If different than home address.) [REDACTED]	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: [REDACTED]			
You must provide at least one identification n NC License or ID Number [REDACTED] SSN [REDACTED]		oter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name <u>Nancy Tyndall</u>	<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>171 Windmillway</u>	Name of Corporation (if appointed legal guardian)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Nancy Tyndall 8-7-18
Date Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

502

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Tyndall</u>		First Name <u>Archie</u>		Middle Name <u>W</u>	
Home Address (NC Residential Address.) <u>4979 US 701 S.</u>				Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NCLicense or ID Number		SSN	Driver Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
<p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference:</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p>				
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<p>If "Yes," what is the name and address of the hospital or facility:</p>				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/5/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Edwards</u>		First Name <u>W</u>		Middle Name <u>J</u>	
Home Address (NC Residential Address.) <u>314 5th Street</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. (Optional)		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 691</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/11/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ RECD BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>IVEY</u>	First Name <u>MARY</u>	Middle Name <u>B</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>10850 Carter Road Rd</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number (NC ID, Driver's License, etc.) [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only)	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax	<input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address			

Signature of Near Relative/Legal Guardian (if applicable)

10-18-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Kinlaw</u>	First Name <u>Leonard</u>	Middle Name <u>Henry</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>96 Sylas Dr.</u>		Mailing Address (if different than home address.) [REDACTED]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence [REDACTED]	Previous Name (if applicable) RECEIVED <u>APR 12 2018</u>
If "No," indicate the date of your move: [REDACTED]		Voter Registration No. Optional [REDACTED]	Phone (optional) TIME _____ REC'D BY _____ BLADEN CO. BD. OF ELECTIONS
You must provide at least one identification number SSN [REDACTED] X [REDACTED]		Email (optional) [REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: [REDACTED]			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-11-18
 Date

X
 Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Kinlaw</u>		First Name <u>Sheik</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>512 Pine Ridge Circle</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification number: NC License or ID Number		SSN	Water Registration No. Optional	Phone (optional)	Email (optional)
<u>[REDACTED]</u>		<u>[REDACTED]</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>512 Pine Ridge Circle</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 15 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-15-18
Date

X
Date

201



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name <u>Kinlaw</u>		First Name <u>Sheila</u>		Middle Name <u>Ann</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>512 Pine Ridge Circle</u>				Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>			Voter Registration No.		Phone (optional) <u>874-5027</u>	Email (optional)
You must provide at least one identification number below. (or see instructions) [REDACTED] SSN <u>XXX - XX</u> [REDACTED]						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently located or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

RECEIVED

MAY 26 2018

BY
ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

10-1-17
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Codwin</u>		First Name <u>Kenneth</u>		Middle Name <u>Ray</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>9760 Hwy 242 South</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro,</u>	State <u>N.C.</u>	Zip Code <u>29328</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification NC license or ID Number [REDACTED]			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/21/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 6 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____

BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Denkins</u>		First Name <u>Tina</u>		Middle Name <u>S</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>813 Fox St</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Blad</u>		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [REDACTED]			Voter Registration No. (Optional) [REDACTED]		
[REDACTED]			Phone (optional) [REDACTED]		
[REDACTED]			Email (optional) [REDACTED]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-30-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Clemmons</u>		First Name <u>Walia</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>229 BLUEMOON</u>				Mailing Address (If different than home address.) <u>P.O. Box 1524</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification SN <u>X</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>L</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)
☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/12/18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Rogers</u>		First Name <u>Nicole</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>161 Jasmine Lane</u>				Mailing Address (If different than home address.) <u>P.O. Box 2393</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>[REDACTED]</u>	Voter Registration No.		Phone (optional)
					Email (optional)

RECEIVED

OCT 10 2018

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-9-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name Davis		First Name David		Middle Name L	
Home Address (NC Residential Address.) 150 Clayton Birt Rd				Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number		SSN	Voter Registration No. <i>Optional</i>	Phone (optional)	Email (optional)
X					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same As Above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-1-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951

elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>CARTER</u>		First Name <u>CHRISTOPHER</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>1426 meadow Bedy Rd</u>				Mailing Address (If different than home address.)		
City <u>TARHEEL</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below. (or see instructions) NC <u>XXXXXXXXXX</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Si

Signature of Near Relative/Legal Guardian (if applicable)

1-5-18
Date

X

Date

202

Exhibit 4.2.3.1.2

969 of 2658



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

RECEIVED
MAR 13 2018

301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME REC'D BY: 910-862-6951
BLADEN CO. BD. OF ELECTIONS

FAX: 910-862-7802

www.bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name <u>EVERS</u>		First Name <u>FLOYD</u>		Middle Name <u>F</u>	
Home Address (NC Residential Address.) <u>264 Luther Brisson Rd</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move:			Voter Registration No. (Optional)		Phone (optional)
You must provide at least one identification (NC License or ID Number, SSN, etc.)			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/29/2017
Date

Date

Date



201

Exhibit 4.2.3.1.2

970 of 2658

State Absentee Ballot Request Form
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>SHAW</u>	First Name <u>Leslie</u>	Middle Name <u>A</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>131 Batters Loop Rd</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>[REDACTED]</u>	
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u> <input checked="" type="checkbox"/> X		Registration No.	Phone (optional) Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?) <u>1162 J.A. CARROLL Rd</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian)		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
[REDACTED]Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email AddressSignature of Near Relative/Legal Guardian (if applicable)
[REDACTED]

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 03 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Briff</u>		First Name <u>Jason</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>148 Rogers Dr</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC ID Card, or U.S. Military ID Card)			Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6/27/18
Date

X
Date

**State Absentee Ballot Request Form**
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>Britt</u>		First Name <u>Jason</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>148 Roger's Drive</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number <u>SSN</u> <u>XX</u>			Registration No.	Phone (optional)	Email (optional)

RECEIVED
APR 12 2018TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS**Absentee Voting Information**

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Home</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

3-31-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
 Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name RIC H		First Name MELODY		Middle Name NANCE	
Home Address (NC Residential Address.) 759 HOGWALLOW ROAD				Mailing Address (If different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [redacted] SSN [redacted]			Voter Registration No. [redacted]		Phone (optional) [redacted]
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 17 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

✓ 10-16-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

974 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: **GENERAL ELECTION** on **NOVEMBER 6, 2018**
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name Graham		First Name Pearlie		Middle Name L	
Home Address (NC Residential Address.) 383 Willie Rd				Mailing Address (if different than home address.)	
City Riegelwood		State NC	Zip Code 28456	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number		SSN X X	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone 910 655. 6064	Requestor's Email

RECEIVED
OCT 30 2018
TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

10-29-18
Date

X

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723
elections.sboe@ncsbe.gov

FAX: 919-715-0135

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General

Election Type (Primary, General, Municipal, Special, etc.)

on Nov 6, 2018
Election Date

Voter Information

Last Name

WALTERS

First Name

MARTHA

Middle Name

S

Suffix

Home Address (NC Residential Address.)

1889 PEANUT PLANT RD.

Mailing Address (If different than home address.)

City

ELIZABETHTOWN

State

NC

Zip Code

28337

City

State

Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

If "No," indicate the date of your move: 1/1/18

County of Residence

Proctor

Previous Name (if applicable)

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X X

Voter Registration No.

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

1889 PEANUT PLANT ROAD

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

Requestor's Address

City

State

Zip Code

Name of Corporation (If appointed legal guardian)

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Sign

X

Signature of Near Relative/Guardian (if applicable)

X

Date

Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512

Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.go

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name Dorsett		First Name Angela		Middle Name B	
Home Address (NC Residential Address.) 4242 HW 211 E			Mailing Address (If different than home address.)		
City Clarkton		State NC	Zip Code 28433	City	
		State	Zip Code		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification number: NC License or ID Number: [redacted] SSN: [redacted]			Driver Registration No. [redacted] Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>			City <u>Liberty</u>		State <u>MO</u>		Zip Code <u>64068</u>	
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> <u>Libertarian</u> <input type="checkbox"/> Non-partisan								
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No								
If "Yes," what is the name and address of the hospital or facility:								
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name _____								
<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian								
Requestor's Address					Name of Corporation (If appointed legal guardian)			
City			State		Zip Code		Requestor's Phone	
							Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

<p><input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or overseas; Current Address (Address where you are currently stationed or living overseas.)</p>	<p>Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email</p>
<p>[Redacted]</p>	<p>Fax Number or Email Address</p>

Signature of Near Relative/Legal Guardian (if applicable)

9/5/18

X

Date _____

Date _____



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name CONNOR	First Name EULA	Middle Name LEE
Home Address (NC Residential Address.) 156 SINGLETARY MILL ROAD RD		Mailing Address (If different than home address.)
City BLADENBORO	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>		Voter Registration No. <input type="checkbox"/> Phone (optional) <input type="checkbox"/> Email (optional) <input type="checkbox"/>

RECEIVED
OCT 15 2019

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME	City BLADEN CO. ED. OF ELEC	State NC	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)
☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

11/28/18

TIME 8:00 PM BY
BLADEN CO. CLERK OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Burton</u>		First Name <u>Donna</u>		Middle Name <u>Gayle</u>	
Home Address (NC Residential Address.) <u>9004 NC HWY 41 E</u>				Mailing Address (If different than home address.)	
City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>9004 NC HWY 41 E</u>		City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/5/18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Doe</u>		First Name <u>COMIANN E</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>265 GENE'S DR</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC License or Social Security Number) <input checked="" type="checkbox"/>			Driver Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/17/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Poe</u>	First Name <u>Corienne</u>	Middle Name <u>H</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>265 Benet DR</u>		Mailing Address (If different than home address.) [REDACTED]		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) [REDACTED] X X - X X - [REDACTED]		Voter Registration No. Optional	Phone (Optional) Email (Optional)	

RECEIVED
APR 20 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/18/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Gordon</u>	First Name <u>Tonia</u>	Middle Name <u>Marie</u>	[Redacted]		
Home Address (NC Residential Address.) <u>178 Butters Loop Rd</u>			Mailing Address (if different than home address.) [Redacted]		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number SSN <u>X X X</u>			Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>178 Butters Loop Rd</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5-15-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 982 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

TIME REC'D BY

BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Gordon</u>		First Name <u>Tonia</u>		Middle Name <u>Marie</u>	
Home Address (NC Residential Address.) <u>178 Butters Loop Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number NC License or ID Number		SSN <u>X X</u>	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-9-18
Date

X

Date

201



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Gordon</u>	First Name <u>Tonia</u>	Middle Name <u>Marie</u>	Suffix
Home Address (NC Residential Address.) <u>178 Butters loop Rd</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move:		Registration No.	Phone (optional)
You must provide at least one identification number: NC License or ID Number <u>XXX</u>		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

RECEIVED

MAR 26 2018

Signature of Voter (if applicable) _____
DATE OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

12-11-07

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name <u>Brown</u>	First Name <u>Shirley</u>	Middle Name <u>F</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>428 South Ash St</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move:			
You must provide at least one identification number (NC Driver's License, NC ID Card, or Social Security Number)		Voter Registration No. (Optional)	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 941</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1-27-18 X
Date

Date

202



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Bryan</u>		First Name <u>Danny</u>		Middle Name <u>K</u>	
Home Address (NC Residential Address.) <u>277 Zion Hill Churched</u>					
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	Mailing Address (If different than home address.)	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move:		Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
Requestor's Name		If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely
- Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-10-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 13 2018

Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

Phone: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name

BRYAN

First Name

DANNY

Middle Name

K

Home Address (NC Residential Address.)

277 ZION HILL church rd

Mailing Address (If different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move:

You must provide at least one identification number:
NC license or ID Number

SSN

X

Registration No.

Phone

Email

Absentee Mailing Address (Where should the ballot be mailed?)

SAME AS ABOVE

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☒ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

OR Signature of Near Relative/Legal Guardian (if applicable)

9-30-17

X

Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202
W

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name HYATT	First Name CHARLES	Middle Name A
Home Address (NC Residential Address.) 415 BERRY LEWIS ROAD		Mailing Address (If different than home address.)
City BLADENBORO	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother /sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email
<div style="text-align: right;"> RECEIVED SEP 25 2018 TIME _____ REC'D BY _____ BLADEN CO. BD. OF ELECTIONS </div>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/16/2018 X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
NOV 06 2018
REC'D BY
BLADEN CO. DD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

201

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Rich</u>		First Name <u>Linda</u>		Middle Name <u>Rouse</u>	
Home Address (NC Residential Address.) <u>422 Ashe St</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC License or ID Number, SSN, etc.) [REDACTED]			Voter Registration No. (Optional)		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1164</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-25-18

Date

X

Date



202

State Absentee Ballot Request Form
North Carolina

RECEIVED
MAR 13 2018

Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

TIME RECEIVED BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Rich	Linda	Rouse	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
422 South Ash St		P.O. Box 1164	
City	State	Zip Code	City
Bladenboro	NC	28320	Bladenboro
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
		Bladen	
If "No," indicate the date of your move:		Previous Name (if applicable)	
You must provide at least one identification number		Registration No.	Phone (optional)
NC License or ID Number			Email (optional)
SSN			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
178 Butters Loop Rd		Bladenboro	NC	28320
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Dec 11 2017

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 22 2010

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

25

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Blackburn</u>		First Name <u>William</u>		Middle Name <u>Joseph</u>	
Home Address (NC Residential Address.) <u>141 Hawk Bluff Rd</u>				Mailing Address (If different than home address.)	
City <u>Trenton</u>	State <u>NC</u>	Zip Code <u>28647</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification n NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional) <u>879 6955</u>
			Email (optional) <u>SilhouetteFarm@Internet.com</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>141 Hawk Bluff Rd</u>		City <u>Trenton</u>	State <u>NC</u>	Zip Code <u>28647</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-30-16 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____

BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>McKiver</u>		First Name <u>Michael</u>		Middle Name <u>C</u>	
Home Address (NC Residential Address.) <u>268 Sand Pit Rd</u>				Mailing Address (if different than home address.) <u>P.O. BOX 842</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification n NC License or ID Number _____ SSN _____		Voter Registration No. Optional _____		Phone (optional) _____ Email (optional) _____	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/14/18

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 08 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Edwards</u>		First Name <u>Connie</u>		Middle Name <u>Marie</u>	
Home Address (NC Residential Address.) <u>106 Village Street</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, State ID, etc.)			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>106 Village Street</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-7-18 X
 Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Martin</u>		First Name <u>Brian</u>		Middle Name	
Home Address (NC Residential Address.) <u>525 Martin Rd</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>X</u>			Voter Registration No. Optional		Phone (optional)
					Email (optional)

RECEIVED

APR 09 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☒ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/5/18
Date

X

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

EXHIBIT 4.2.3.1.2



State Absentee Ballot Request Form

North Carolina

OCT 05 2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name

RICE

First Name

LISA

Middle Name

DIANE

Suffix

Home Address (NC Residential Address.)

110 HOLLY BRITT CT.

Mailing Address (If different than home address.)

City

BLADENBORO

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Bladen

Previous Name (if applicable)

If "No," indicate the date of your move:

You must provide at least one identification

NC license or ID Number

SSN

X

Registration No.

Optional

Phone (optional)

910-7405731

Email (optional)

hsapennell78@yahoo

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

110 Holly Britt Ct

City

Bladenboro

State

NC

Zip Code

28320

If voter is registered as ~~Unaffiliated~~ and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☒ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Guardian (if applicable)

X

Date

Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

995 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>STORMS</u>	First Name <u>CHRISTY</u>	Middle Name <u>CHESHIRE</u>
Home Address (NC Residential Address.) <u>7242 HWY 211 EAST</u>		Mailing Address (if different than home address.) <u>PO Box 1014</u>
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Phone (optional)
[REDACTED] X		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1014</u>	City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-15-18 X
Date

Date



Exhibit 4.2.3.1.2

996 of 2658

State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

PO BOX 512

Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

RECEIVED

MAR 13 2018

TIME REC'D BY

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Storms	Christy	Cheshire	
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)	
7242 Hwy 211 East		P.O. Box 1014	
City	State	Zip Code	City
Bladenboro	NC	28320	Bladenboro
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: 1/1		Bladen	
You must provide at least one identification number		Registration No.	Phone (optional)
NC License or ID Number	SSN		Email (optional)
	XXX		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
Same as above				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2/5/2018 X

Date

Date

Go to [www.bladenco.org](#) to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

RECEIVED

OCT 03 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

am requesting an absentee ballot for the: General ELECTION

on November 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election ID

Voter Information

Last Name <u>Richardson</u>	First Name <u>Ronald</u>	Middle Name <u>DALE</u>		
Home Address (NC Residential Address.) <u>11696 Richardson RD</u>		Mailing Address (If different than home address.) <u>11696 Richardson RD</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number SSN <u>X X X</u>		Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>11696 Richardson RD</u>		City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (if appointed legal guardian)
City	State
Zip Code	Requestor's Phone
	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☒ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5-23-18 X

Date

Date

to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

998 of 2658

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name MADE	First Name Donna	Middle Name BRYANT	Suffix [Redacted]
Home Address (NC Residential Address.) 264 E 4th St		Mailing Address (if different than home address.) [Redacted]	
City Dublin	State NC	Zip Code 28332	City [Redacted]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: 1-1		Registration No.	Phone (optional)
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 476		City Dublin	State NC	Zip Code 28332
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

1-3-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

6/10/18

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Mitchell</u>		First Name <u>Frederick</u>		Middle Name	Suffix
Home Address (NC Residential Address) <u>504 ASH ST</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one Identification number: NC License or ID Number		SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)
X X					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)


Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/26/18
Date

X

Date

	North Carolina	NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov
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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Lockamy</u>	First Name <u>Melissa</u>	Middle Name
Home Address (NC Residential Address.) <u>3459 Old Hwy 41</u>		Mailing Address (if different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move: <u> / / </u>		Previous Name (if applicable)
You must provide at least one identification: NC License or ID Number	SSN <u>X</u>	Voter Registration No. Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
Requestor's Address	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
Requestor's Address	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
Requestor's Address	State	Zip Code	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)	Fax Number or Email Address

Signature	Signature of Near Relative/Guardian (if applicable) <u>X</u>
Date	Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name RICE		First Name PAMELA		Middle Name MARIE	
Home Address (NC Residential Address.) 278 WILLARD TATUM RD				Mailing Address (If different than home address.)	
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: / /			County of Residence BLADEN		
You must provide at least one identification number (SSN, Driver's License, etc.)			Previous Name (if applicable)		
SSN: X X			Voter Registration No. 0000035066		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 278 Willard Tatum Rd.		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City		Requestor's Phone		
Requestor's Email				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name RICE		First Name PAMELA		Middle Name MARIE		Suffix [REDACTED]	
Home Address (NC Residential Address.) 278 WILLARD TATUM RD.				Mailing Address (If different than home address.)			
City ELIZABETHTOWN		State NC	Zip Code 28337	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]				Voter Registration No.		Phone (optional)	Email (optional)
You must provide at least one identification NC License or ID Number [REDACTED]				[REDACTED]		[REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 278 Willard Tatum Rd.		City Elizabethtown		State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable)

10-4-18
Date

X

Date

CSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

RECEIVED

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

TIME _____ REC'D BY _____
 FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name <i>McDowell</i>		First Name <i>William</i>		Middle Name <i>THOMAS</i>	
Home Address (NC Residential Address.) <i>210 DAVID STREET</i>				Mailing Address (If different than home address.) <i>P.O. Box 2383</i>	
City <i>ELIZABETHTOWN</i>	State <i>NC</i>	Zip Code <i>28337</i>	City <i>ELIZABETHTOWN</i>	State <i>NC</i>	Zip Code <i>28337</i>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <i>BLADEN</i>		
If "No," indicate the date of your move: <i>1/1</i>			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number		SSN <i>X</i>	Voter Registration No. <i>0000000000</i>		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <i>P.O. Box 2383</i>		City <i>ELIZABETHTOWN</i>	State <i>NC</i>	Zip Code <i>28337</i>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <i>THOMAS McDOWELL</i>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <i>210 DAVID STREET</i>		Name of Corporation (If appointed legal guardian)		
City <i>ELIZABETHTOWN</i>	State <i>NC</i>	Zip Code <i>28337</i>	Requestor's Phone <i>910 862-6420</i>	Requestor's Email <i>N/A</i>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X Thomas McDowell

Date

Date

**State Absentee Ballot Request Form**
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>MARTIN</u>	First Name <u>JAMES</u>	Middle Name <u>EDWIN</u>	Suffix [Redacted]
Home Address (NC Residential Address.) <u>1667 Grimes Singletary Rd</u>		Mailing Address (If different than home address.) [Redacted]	
City <u>TARHEEL</u>	State <u>NC</u>	Zip Code <u>28392</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)	
You must provide at least one identification number: SSN <u>X X</u>		Registration No.	Phone (optional)
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State <u>NC</u>	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian		REC'D BY APR 25 2018 BLADEN CO. BD. OF ELECTIONS		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

04/20/18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

RECEIVED BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Leach</u>		First Name <u>Winston</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>145 Idas Lane</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification number (NC Driver's License, NC Identification Card, or U.S. Military ID Number)			Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1/13/08 X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Leach</u>		First Name <u>Winston</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>145 Idas Lane</u>				Mailing Address (If different than home address.) RECEIVED APR 02 2018		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>			Voter Registration No. Optional		Phone (optional)	Email (optional)
Voter ID Number (Last four digits of your NC Driver's License or NC Identification Card) <u>XXXX-XX-XXXX</u>						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/19/18 X
 Date

Date



State Absentee Ballot Request Form
 North Carolina
 BLADEN COUNTY

RECEIVED
 OCT 03 2018
 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
 PO BOX 512
 ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
 elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
 Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Gilbert</u>	First Name <u>Vernia</u>	Middle Name <u>Irene</u>	[Redacted]	
Home Address (NC Residential Address.) <u>346 Lawrence Brown Rd</u>		Mailing Address (If different than home address.) <u>PO Box 1033</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/18</u>		Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XX XX</u>		Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1033</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☒ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5-12-18 X
 Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>A+kins</u>		First Name <u>Linda</u>		Middle Name <u>Vause</u>	
Home Address (NC Residential Address.) <u>1265 Vause RD</u>				Mailing Address (If different than home address.) <u>1265 Vause RD</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable) RECEIVED		
You must provide at least one identification number: NC License or ID Number <u>X X</u>		SSN <u>[REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u>	
Phone (optional) <u>[REDACTED]</u>		Email (optional) <u>[REDACTED]</u>			

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1265 Vause RD</u>		City <u>Clarkton</u>		State <u>NC</u>		Zip Code <u>28433</u>	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address				Name of Corporation (If appointed legal guardian)			
City		State		Zip Code		Requestor's Phone	
						Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☒ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/15/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

RECEIVED
SEP 28 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name BRITT		First Name WANDA		Middle Name LEE	
Home Address (NC Residential Address.) 145 ED SESSOMS RD				Mailing Address (If different than home address.)	
City CLARKTON	State NC	Zip Code 28433	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: / /			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Voter Registration No. 000035472		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Mers</u>	First Name <u>Shanda</u>	Middle Name <u>Campbell</u>
Home Address (NC Residential Address.) <u>to 104 Pecan Street SA</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move: <u>1 / 1</u>		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <u>XXXX</u>		Phone (optional)
SSN <u>XXXX-XX-XXXX</u>		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>104 Pecan Street SA</u>		City <u>Bladenboro</u>	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
8-20-18 X
 Date Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Mets</u>	First Name <u>Shanda Mets</u>	Middle Name <u>Campbell</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>104 Pecan Street Apt 5A</u>		Mailing Address (If different than home address.) [REDACTED]		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>		County of Residence <u>Bladen</u>		
You must provide at least one identification number below. (or see instructions) NC <u>[REDACTED]</u> <u>XX - XX</u> <u>[REDACTED]</u>		Previous Name (if applicable) RECEIVED APR 12 TIME <u> </u> REC'D BY <u> </u> BLADEN CO. BD. OF ELECTIONS		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-11-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election on 06/11/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name White	First Name Mamie	Middle Name	Sur
Home Address (NC Residential Address.) 7352 NC 211 W		Mailing Address (If different than home address.) 1103 Dot Ave	
City Bladenboro	State NC	Zip Code 28320	City Bossier City
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable) Mamie Hill
If "No," indicate the date of your move: / /		Registration No. Optional	Phone (optional) Email (optional) mwhite7981@gmail.com
You must provide at least one identification number: NC License or ID Number SSN X X			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1103 Dot Ave		City Bossier City	State LA	Zip Code 71111
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Nonpartisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☒ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☒ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

25 Sep 18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Britt</u>	First Name <u>Joanna</u>	Middle Name <u>Jane</u>	Suffix	Date of Birth/ [Redacted]
Home Address (NC Residential Address.) <u>1221 Pleasant Grove Rd.</u>		Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [Redacted]		Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [Redacted] SSN [Redacted] <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		Voter Registration No. [Redacted] Phone (optional) Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/30/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Moultrie</u>		First Name <u>Keith</u>		Middle Name	
Home Address (NC Residential Address.) <u>810 James St</u>				Mailing Address (if different than home address.) <u>P.O. Box 1002</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC ID, Driver's License, etc.)			Voter Registration No. (Optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1002</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-19-30

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Melvin</u>	First Name <u>Sadie</u>	Middle Name <u>J.</u>	Suffix	Date of Birth	
Home Address (NC Residential Address.) <u>208 Mercer mill Rd</u>		Mailing Address (If different than home address.) <u>208 mercer mill Rd</u>			
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X -</u>			Voter Registration No. <u>Bladen</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> sibling <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>X</u>	Signature of Relative/Near Guardian (if applicable) <u>X</u> <u>Sherine Gentry</u> Date
-----------------------	---

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Caulder</u>		First Name <u>April</u>		Middle Name <u>Denise</u>	
Home Address (NC Residential Address.) <u>10606 Hwy 41W</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC License, Driver's License, etc.)			Phone (optional)		
<input checked="" type="checkbox"/> <u>[Redacted]</u> <input type="checkbox"/> <u>[Redacted]</u>			Email (optional) <input type="checkbox"/> <u>[Redacted]</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-10-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Fields</u>		First Name <u>Ray</u>		Middle Name	
Home Address (NC Residential Address.) <u>1157 Munis Ln.</u>				Mailing Address (If different than home address.)	
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Voter ID Number or SSN)			Voter Registration No. (Optional)		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2, 2, 18
Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

OCT 04 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1918 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
*Election Type (Primary, General, Municipal, Special, etc.) Election Date***Voter Information**

Last Name <u>Berry</u>		First Name <u>Janice</u>		Middle Name <u>F</u>	
Home Address (NC Residential Address.) <u>208 W. Walnut St Apt 8B</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/1</u>				Previous Name (if applicable)	
You must provide at least one identification NC License or ID Number <u>[REDACTED]</u>		Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18 X
Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name

LEWIS

First Name

JANICE

Middle Name

LONG

Suffix

Home Address (NC Residential Address.)

5218 MARSH RD.

Mailing Address (If different than home address.)

City

BLADENBORO

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move: / /

You must provide at least one identification number below. (or see instructions)

NC License or ID Number

SSN

X

Registration No.

Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

5218 Marsh Road

Bladenboro

State

NC

Zip Code

28320

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☒ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

Requestor's Address

City

State

Zip Code

Name of Corporation (if appointed legal guardian)

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X *Janice Lewis*

Date

Date

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

RECEIVED
OCT 01 2018

Bladen County Board of Elections

P. O. BOX 512

Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820

elections@bladenco.org

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKellar</u>		First Name <u>Jason</u>		Middle Name <u>Evans</u>		State <u>NC</u>	
Home Address (NC Residential Address.) <u>1017 Allen Priest Rd</u>				Mailing Address (If different than home address.)			
City <u>Council</u>		State <u>NC</u>		Zip Code <u>28434</u>		City <u>Council</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable)			
If "No," indicate the date of your move: <u>1/1</u>		Registration No.		Phone (optional) <u>910-645-6577</u>		Email (optional)	
You must provide at least one identification number NC Identification Number <u>XXXXXXXXXX</u>		SSN <u>XXXXXXXXXX</u>		Registration No.		Phone (optional) <u>910-645-6577</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1017 Allen Priest Rd.</u>		City <u>Council</u>		State <u>NC</u>		Zip Code <u>28434</u>	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address		Name of Corporation (if appointed legal guardian)					
City		State		Zip Code		Requestor's Phone	
						Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable)

10/1/2018

X

Date

Date

go to check your voter registration or absentee voting status.



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina
BLADEN COUNTYTO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKellar</u>		First Name <u>Jason</u>		Middle Name <u>Evans</u>	
Home Address (NC Residential Address.) <u>1017 Allen Priest Rd</u>				Mailing Address (if different than home address.)	
City <u>Council</u>		State <u>NC</u>	Zip Code <u>28434</u>	City <u>Council</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable) <u>2018</u>	
If "No," indicate the date of your move: <u>1/1</u>		Voter Registration No. <u>BLADEN CO. BD. OF ELECTIONS</u>		Email (optional)	
You must provide at least one identification number below. (or see instructions)		TIME REC'D BY		RECEIVED	
NC License or ID Number <u>XX</u>		SSN <u>XX</u>		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1017 Allen Priest Rd</u>		City <u>Council</u>		State <u>NC</u>	Zip Code <u>28434</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
		Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	
				Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely			
Current Address (Address where you are currently stationed or living overseas.)		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

1/11/2018
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P. 501

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Brammer</u>		First Name <u>Donald</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>908 W King St</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <u>X</u>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>OCT 15 2018</u>	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-4-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McLaurin</u>		First Name <u>Artis</u>		Middle Name	
Home Address (NC Residential Address.) <u>644 Avenue Avenue</u>				Mailing Address (if different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>X</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

RECEIVED
OCT 02 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		TIME REC'D BY BLADEN CO. BOARD OF ELECTIONS	
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

2 Signature of Near Relative/Legal Guardian (if applicable)

8-22-2018 X Artis McLaurin 8-22-2018
 Date Signature Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

201

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name BENTON	First Name BENJAMIN	Middle Name C
Home Address (NC Residential Address.) 312 Pine Ridge Circle		Mailing Address (If different than home address.)
City Bladenboro	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification [Redacted] <input checked="" type="checkbox"/> [Redacted] <input type="checkbox"/>		Voter Registration No. (Optional)
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepparent
		<input type="checkbox"/> legal guardian	<input type="checkbox"/> mother-in-law
			<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-14-18
Date

X

Date

201



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Benton</u>		First Name <u>BENJAMIN</u>		Middle Name <u>C</u>	
Home Address (NC Residential Address.) <u>312 Pine Ridge Circle</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence	
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)	
You must provide at least one identification number below. (for see instructions)		NC License or ID Number		Registration No.	Phone Email
X X		[Redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>				City	State Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
Requestor's Address		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
City		State Zip Code	Name of Corporation (If appointed legal guardian)		
Requestor's Phone		Requestor's Email			

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	
[Redacted]		[Redacted]	

RECEIVED
MAR 26 2018

Sign <u>[Redacted]</u>	REC'D BY <u>[Redacted]</u> D. OF ELECTIONS <u>OR</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>8-9-17</u> X
	Date	Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Purdie</u>		First Name <u>Suanita</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>141 BCM Rd</u>				Mailing Address (If different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move:			Voter Registration No.	Phone (optional)	Email (optional)
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			Cut-off		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/23/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Ransom</u>	First Name <u>Judy</u>	Middle Name <u>Lynn</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>17306 NC HWY 242 S</u>		Mailing Address (If different than home address.) <u>Same</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Same</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move:				
You must provide at least one identification number (NCL) <input checked="" type="checkbox"/> [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

RECEIVED
OCT 04 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/1/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

received
3/1/18

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Arlene Highsmith</u>	First Name <u>Highsmith Arlene</u>	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>2608 N.C. Highway 210 East</u>		Mailing Address (if different than home address.) <u>2621 Highway 210</u>		
City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>	City <u>Harrells</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
Voter Registration No. [REDACTED]		Phone (optional) <u>910-532-6509</u>		
Voter Registration No. [REDACTED]		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2608 NC Highway 210 East</u>		City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Juanita Newkirk</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>2608 NC Highway 210</u>		Name of Corporation (if appointed legal guardian)		
City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>	Requestor's Phone <u>910 532-6509</u>	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-28-18
Date

X Juanita Newkirk
Date



15

Exhibit 4.2.3.1.2

1029 of 2658

State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>Kinlaw</u>	First Name <u>SHANNON</u>	Middle Name <u>G</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>1162 J. A CARROLL Rd</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>1-1-18</u>		Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Registration No.	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

12/21/17
Date

X

Date



State Absentee Ballot Form

North Carolina

OCT 04 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Barnes</u>		First Name <u>Angela</u>		Middle Name <u>Faye</u>	
Home Address (NC Residential Address.) <u>670 Mcleod St Apt 17A</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>		State <u>nc</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date

201



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

RECEIVED

OCT 03 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Other Information

Last Name <u>Ferguson</u>		First Name <u>Angila</u>		Middle Name <u>Ezzell</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>428 Ashe St. Apt 4</u>				Mailing Address (if different than home address.) <u>Po Box 941</u>			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>[REDACTED]</u>							
You must provide at least one identification number NC License or ID Number <u>[REDACTED]</u>		SSN <u>[REDACTED]</u>		Registration No. <u>[REDACTED]</u>		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Po Box 941</u>				City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address				Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5-18-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on May 8, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Furgeson</u>		First Name <u>Angila</u>		Middle Name <u>Renee</u>		Suffix [REDACTED]	
Home Address (NC Residential Address.) <u>428 S. Ash St. Apt. 4</u>				Mailing Address (If different than home address.) <u>PO Box 941</u>			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable) RECEIVED	
If "No," indicate the date of your move: <u>1/1</u>				Registration No.		Phone <u>910 874 3027</u>	
You must provide at least one identification number NC License or ID Number <u>SSN</u> <u>X X</u>				Email <u>MAR 27 2018</u>		TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 941</u>		City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only) OR Signature of Near Relative/Legal Guardian (if applicable)
2-28-18 X
Date Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Sykes</u>		First Name <u>MAXLON</u>		Middle Name <u>B</u>	
Home Address (NC Residential Address.) <u>304 Village ST</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move:			Voter Registration No. Optional		Phone (optional)
You must provide at least one identification number (NC License or ID Number, SSN, etc.)			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9/14/2018 X
 Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 1034 of 2658

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Fredrick</u>		First Name <u>Sady</u>		Middle Name	
Home Address (NC Residential Address.) <u>420E McKay St APT 20</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License <u>[REDACTED]</u> <input checked="" type="checkbox"/> <u>[REDACTED]</u> <input type="checkbox"/>			Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 10 2018

TIME REC'D BY

BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-9-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Election 1035 of 2658

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>POE</u>		First Name <u>William</u>		Middle Name <u>H</u>	
Home Address (NC Residential Address.) <u>209 Mercer Mill Rd Apt 2N</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (e.g., driver's license, state ID, etc.)			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> son-in-law	<input type="checkbox"/> brother /sister <input type="checkbox"/> grandchild <input type="checkbox"/> daughter-in-law	<input type="checkbox"/> parent <input type="checkbox"/> stepchild <input type="checkbox"/> legal guardian	<input type="checkbox"/> grandparent <input type="checkbox"/> mother-in-law <input type="checkbox"/> stepparent <input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 10 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/9/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov 6 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McLaughlin</u>		First Name <u>Kenneth</u>		Middle Name <u>Lee</u>	
Home Address (NC Residential Address.) <u>37 Brisson Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>nc</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Voter Registration No. <u>36501</u>		Phone (optional) <u>910 876-7423</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>37 Brisson Rd</u>		City <u>Bladenboro</u>	State <u>nc</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 17 2018

TIME REC'D BY

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-16-18 X

Date

Date

to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Rogers</u>		First Name <u>Kissabrina</u>		Middle Name <u>Amanda</u>	
Home Address (NC Residential Address.) <u>5525 Mercer Mill Rd</u>				Mailing Address (if different than home address.) <u>5525 Mercer Mill Rd</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>	Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

4-29-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 22 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

501

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Hester</u>		First Name <u>Edna</u>		Middle Name <u>G</u>	
Home Address (NC Residential Address.) <u>1586 Horseshoe Rd.</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City		State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move: _____			Voter Registration No. Optional		Phone (optional) Email (optional)
You must provide at least one identification (SSN, Driver's License, etc.)					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: _____					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-4-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

1039 of 2658

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

75

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Brown</u>		First Name <u>Kenneth</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>1046 Porterville School Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>[REDACTED]</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable) <u>[REDACTED]</u>	
If "No," indicate the date of your move: <u>[REDACTED]</u>					
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Voter Registration No. Optional <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>	Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a party: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>[REDACTED]</u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Near Relative/Legal Guardian (if applicable)

9-6-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKenzie</u>		First Name <u>Levone</u>		Middle Name <u>Donnell</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>1697 Twisted Hickory Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			Previous Name (if applicable)		
[REDACTED] (number below. (or see instructions)) <u> </u> X X X - X X - <u> </u> <u> </u> <u> </u>			Voter Registration No. <i>(optional)</i>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-18-18
 Date

X
 Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Martin</u>		First Name <u>Randy</u>		Middle Name <u>Shurron</u>	
Home Address (NC Residential Address.) <u>89 McDowell Road</u>				Mailing Address (if different than home address.) <u>P.O. Box 1863</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>	Voter Registration No.		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1863</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 12 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/12/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

25

TIME REC'D BY

FRAUDULENTLY OR FALSIFYING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Elect

Voter Information

Last Name <u>Hayes</u>	First Name <u>Virginia</u>	Middle Name <u>S</u>
Home Address (NC Residential Address.) <u>125 Harrelson Road</u>		Mailing Address (If different than home address.)
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification (SSN, Driver's License, etc.)		Voter Registration No. (Optional)
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>125 Harrelson Road</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

08-08-18

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>McIver</u>		First Name <u>Degee</u>		Middle Name	
Home Address (NC Residential Address.) <u>708 Martin Luther King</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-15-73
Date

X

Date



Statewide Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Ripley</u>		First Name <u>Erica</u>		Middle Name	
Home Address (NC Residential Address.) <u>133 White Plains Church Rd</u>				Mailing Address (If different than home address.)	
City <u>Clarkston</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification: NC License or ID Number		SSN <u>X</u>	Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>183 Suggs Taylor Rd</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

4/11/18
Date

X

Date

BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

20
Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
BRYAN	TIMOTHY	ADAM	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
190 J HILL ACRES RD.			
City	State	Zip Code	City
BLADENBORO	NC	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move:		Bladen	
You must provide at least one identification NC License or ID Number		Registration No.	Phone (optional)
[Redacted]			Email (optional)

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above		NC	
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature	Signature of Near Relative/Guardian (if applicable)
X	X
	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Farrow</u>		First Name <u>Shelby</u>		Middle Name <u>J</u>	
Home Address (NC Residential Address.) <u>2670 Coley Rd</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>		
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification NC License or ID Number				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-20-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name <u>Ward</u>		First Name <u>Crystal</u>		Middle Name <u>Lynn</u>	Suffix [Redacted]
Home Address (NC Residential Address.) <u>1318 Murray Haywood Rd</u>				Mailing Address (If different than home address.)	
City <u>Evergreen</u>	State <u>NC</u>	Zip Code <u>28438</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [Redacted]			Previous Name (if applicable)		
You must provide at least one identification number [Redacted]			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas):

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

RECEIVED BY
BLADEN COUNTY BOARD OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

1-22-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Huggins</u>		First Name <u>Teresa</u>		Middle Name <u>Lynn</u>	
Home Address (NC Residential Address.) <u>110 Devore Lane</u>				Mailing Address (if different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>110 Devore Lane</u>		City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
TIME <u>15:20</u> REC'D BY <u>BLADEN CO. BO. OF ELECTIONS</u>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)
☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-22-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>GAINAY</u>		First Name <u>Deborah</u>		Middle Name	
Home Address (NC Residential Address.) <u>200 Village St. Apt. 12A</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable) RECEIVED MAR 27 2018	
If "No," indicate the date of your move:			Registration No. Optional	Phone (optional)	Email (optional)
You must provide at least one identification number (NCL)			BLADEN CO. BD. OF ELECTIONS		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/23/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Martin</u>		First Name <u>Thomas</u>		Middle Name	Suffix <u>SR</u>
Home Address (NC Residential Address.) <u>1776 Mercen Mill Rd</u>				Mailing Address (If different than home address.) <u>P.O. Box 3052</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC License or ID Number, SSN, etc.) [Redacted]			Voter Registration No. (Optional)		
[Redacted]			Phone (optional)		Email (optional)

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
<p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <u>BLADEN CO. BD. OF ELECTIONS</u></p> <p><input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p>				
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility:</p>				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/20/18 X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Martin</u>	First Name <u>Lillie</u>	Middle Name <u>E</u>	Suffix <u>[Redacted]</u>
Home Address (NC Residential Address.) <u>1776 Mercer Mill Rd</u>		Mailing Address (If different than home address.) <u>P.O. Box 303</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move:			
You must provide at least one identification number: NC License or ID Number <u>[Redacted]</u>		Registration No. Optional	Phone (optional)
		Email (optional)	

RECEIVED

OCT 25 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	TIME	State	REC'D	Zip Code
					BLADEN CO. BD. OF ELECTIONS	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.						
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent					
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law					
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address		Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/20/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information	
Last Name <u>GAINLEY</u>	First Name <u>TILIA</u>
Middle Name <u>LOUISA</u>	
Home Address (NC Residential Address.) <u>250 Edgewood St.</u>	
Mailing Address (If different than home address.)	
City <u>CLARKTON</u>	State <u>NC</u>
Zip Code <u>28433</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If "No," indicate the date of your move:	
You must provide at least one identification number NC License or ID Number SSN	
County of Residence <u>Bladen</u>	
Previous Name (if applicable)	
Registration No. Optional	
Phone (optional)	
Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 05 2018
TIME
BLADEN CO. BO. OF ELECTIONS
REC'D BY

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

08/22/2018
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

USE 08 2008

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6,
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Mauhsby</u>		First Name <u>Clarence</u>		Middle Name <u>C</u>	
Home Address (NC Residential Address) <u>1206 Daisy St.</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification number NC License <u>[REDACTED]</u>			Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

08-30-18 X

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Council		First Name Demetrius		Middle Name \ idai	
Home Address (NC Residential Address.) 804 S Poplar St				Mailing Address (If different than home address.) PO Box 2493	
City Elizabethtown		State NC	Zip Code 28337	City Elizabethtown	State NC
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: <u> / / </u>					
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Voter Registration No.		Phone (optional)	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO Box 2493		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name Teresa Council		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address PO Box 2493		Name of Corporation (If appointed legal guardian)		
City Elizabethtown	State NC	Zip Code 28337	Requestor's Phone 9108628969	Requestor's Email teresacouncil36@yahoo.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

Teresa Council

10-29-18

Date

Date

Ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2011

TIME REC'D BY
BLADEN CO. CLERK OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Elect

Voter Information

Last Name <u>Long</u>		First Name <u>Richard</u>		Middle Name <u>m</u>	
Home Address (NC Residential Address.) <u>48 Hill side Circle</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number [REDACTED]			Voter Registration No. Optional		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7 7 18 X

Date

Date

202



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

RECEIVED
MAR 13 2018

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME _____ REC'D BY _____ PHONE: 910-862-6951
BLADEN CO. BD OF ELECTIONS elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary on ~~5-8-18~~ Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Long	First Name Richard	Middle Name M	Suffix	Date of Birth
Home Address (NC Residential Address.) 48 Hill side Circle		Mailing Address (If different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move:		Voter Registration No. Phone (optional) Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE	City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-10-17 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Rogers</u>		First Name <u>Tekisha</u>		Middle Name <u>Phenique</u>	
Home Address (NC Residential Address.) <u>1213 Cotton Street</u>				Mailing Address (If different than home address.) <u>P.O. Box 1606</u>	
City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number SSN			Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

NOV 05 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-27-2018 X

Date

Date



State Absentee **RECEIVED** Ballot Form

North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 54058 of 2658
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McAllister</u>		First Name <u>Cassandra</u>		Middle Name <u>Denise</u>		Suffix	Date of Birth
Home Address (NC Residential Address.) <u>PO Box 821 44 George Kelly Rd</u>				Mailing Address (if different than home address.)			
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>	City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>							
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX</u>				Voter Registration No. Optional		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 821</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (or near relative/guardian) <u>[Signature]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>7-13-18</u>	Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2013

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

501

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Elec

Voter Information

Last Name <u>Britt</u>		First Name <u>Evan</u>		Middle Name <u>R</u>	
Home Address (NC Residential Address.) <u>145 Edd Sessom Rd</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification SSN <u>X</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Wanda Britt</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>145 Edd Sessom's Rd</u>		Name of Corporation (if appointed legal guardian)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	Requestor's Phone <u>910-876-1341</u>	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely
 Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
 Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Wanda Britt

8-8-2018

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

1060 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name LEWIS	First Name ELBERT	Middle Name GREGORY
Home Address (NC Residential Address.) 82 LEWIS POCKET		Mailing Address (If different than home address.)
City BLADENTBORO	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number [REDACTED] SSN [REDACTED]		Phone (optional)
Voter Registration No. [REDACTED]		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as Above	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	Name of Corporation (if appointed)	
City	State	Zip Code	Requestor's Phone
Requestor's Email		TIME SEP 25 2018 REC'D BY BLADEN CO. BD. OF ELECTIONS	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-18-2018 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lewis</u>		First Name <u>ELBERT</u>		Middle Name <u>G</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>42 Lewis Pocket Rd</u>				Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>			Voter Registration No.		Phone (optional)	Email (optional)
[REDACTED] SSN <u>XXX - XX</u>			[REDACTED]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-18-17 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections

P. O. BOX 512

Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Willis</u>		First Name <u>Rochelle</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>854 Clyde Hatchar Rd</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XX</u>		SSN <u>[REDACTED]</u>		Registration No.	Phone (optional) <u>910-549-5891</u>
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 10 2018
 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10/9/18 X
 Date

Date

Go to www.bladenco.org to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Willis</u>		First Name <u>Rochelle</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>854 Clyde Hatcher Rd</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Cooncil</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XX X</u>		Registration No.		Phone (optional) <u>910-549-5891</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	
		APR 25 2018	

Signature of Voter (voter only) [REDACTED] Date 4-24-18

Signature of Near Relative/Legal Guardian (if applicable) X Date _____



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Atkinson</u>		First Name <u>Norris</u>		Middle Name <u>A</u>		[REDACTED]	
Home Address (NC Residential Address.) <u>753 Clyde Hatcher Rd</u>				Mailing Address (If different than home address.) [REDACTED]			
City <u>Council</u>		State <u>NC</u>	Zip Code <u>28434</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>				Registration No.		Phone (optional) <u>549-4979</u>	Email (optional)
You must provide at least one identification number NC License or ID Number		SSN <u>X X X</u>		[REDACTED]		[REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	
<div style="text-align: center;"> RECEIVED OCT 22 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS </div>					

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

10-20-18

Date

Signature of Relative/Near Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections

P. O. BOX 512

Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>WILLIS</u>		First Name <u>JENNEAN</u>		Middle Name	
Home Address (NC Residential Address.) <u>753 Clyde Hatchard Rd</u>				Mailing Address (If different than home address.)	
City <u>COUNCIL</u>		State <u>NC</u>	Zip Code <u>28434</u>		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence	
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)	
You must provide at least one identification number NC License or ID Number		SSN <u>XX</u>	Registration No.	Phone (optional) <u>910-645-4343</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10/9/18
Date

Date

Go to [www.bladenco.org](#) to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Willis</u>	First Name <u>Jenean</u>	Middle Name <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>753 Clyde Hatcher</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>[REDACTED]</u>
Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number: NC License or ID Number <u>XX X</u>		Registration No. <u>[REDACTED]</u>
Phone (optional) <u>645-4343</u>		Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <div style="text-align: center;"> RECEIVED APR 25 2018 </div>

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

24-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKoy</u>		First Name <u>Beverly</u>		Middle Name	
Home Address (NC Residential Address.) <u>3501 Hwy 242 South</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>					
You must provide at least one identification number NC License or ID Number		SSN <u>X X</u>	Driver Registration No.	Phone (optional) <u>910-879-6604</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to voter: Requestor's Name: <u>Christopher McKoy</u> <input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u>3501 Hwy 242 South</u>		Name of Corporation (If appointed guardian) <u>REC'D BY BLADEN CO. BD. OF ELECTIONS</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910-879-6604</u>	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

X Christopher McKoy

10/17/18



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKoy</u>	First Name <u>Beverly</u>	Middle Name <u>A</u>			
Home Address (NC Residential Address.) <u>615 McLeod St Apt F</u>					
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u></u>	State <u></u>	Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable) <u></u>		
You must provide at least one identification number NC License or ID Number SSN <u>X X</u>		Voter Registration No. <u></u>		Phone (optional) <u></u>	Email (optional) <u></u>

RECEIVED

Absentee Voting Information

APR 13 2018

Absentee Mailing Address (Where should the ballot be mailed?) <u></u>		City <u></u>	TIME <u></u> REC'D BY <u></u> BLADEN CO. BD. OF ELECTIONS	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: <u></u>					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u></u>	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		
Requestor's Address <u></u>		Name of Corporation (if appointed legal guardian) <u></u>			
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Stephens</u>	First Name <u>Patricia</u>	Middle Name <u>L</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>1526 Vause Rd</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>[REDACTED]</u>			
You must provide at least one identification number (NC LI, etc.) <u>[REDACTED]</u>		Registration No. (Optional)	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>above</u>	City <u>APR 02 2018</u>	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/20/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name STEPHENS		First Name WILLIAM		Middle Name L	
Home Address (NC Residential Address.) 1574 VAUSE RD				Mailing Address (If different than home address.)	
City CLARKTON	State NC	Zip Code 28433	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: / /			County of Residence BLADEN		
You must provide at least one identification number: NC License or ID Number [redacted] SSN [redacted] X			Voter Registration No. 00000038419		Phone (optional) Email (optional)

RECEIVED

APR 20 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City BLADEN CO. NC		TIME BLADEN CO. BD. OF ELECTIONS	REC'D BY State Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-10-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER

Election Type (Primary, General, Municipal, Special, etc.)

Electi

Voter Information

Last Name Pharr		First Name Elizabeth		Middle Name Patricia	
Home Address (NC Residential Address.) 1007 MLK Blvd				Mailing Address (if different than home address.) same	
City Elizabethtown	State NC	Zip Code 28337	City SAME	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1007 MLK BLVD		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-13-18

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Hester</u>		First Name <u>Trista</u>		Middle Name <u>Shay</u>	
Home Address (NC Residential Address.) <u>9648 NC Hwy 242</u>				Mailing Address (If different than home address.) <u>9648 NC Hwy 242</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City <u>Bladen</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Patricia Hester</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>12353 Hwy 131</u>		Name of Corporation (If appointed legal guardian)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☒ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/22/18
Date

X

Patricia Hester
Signature

10/22/18
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 08 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Graham</u>	First Name <u>Retha</u>	Middle Name <u>D.</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>3727 Hwy 210</u>		Mailing Address (If different than home address.) [REDACTED]	
City <u>Garland</u>	State <u>NC</u>	Zip Code <u>28441</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: [REDACTED]			
You must provide at least one identification number NC License [REDACTED]		Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>3727 Hwy 210</u>		City <u>Garland</u>	State <u>N.C.</u>	Zip Code <u>28441</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)
☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on November
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name BETHEA		First Name RAMONA		Middle Name TANN	
Home Address (NC Residential Address.) 6365 NC 211 HWY. W.				Mailing Address (If different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number			Voter Registration No. <small>(Optional)</small>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 6365 NC 211 West		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 11 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter	Signature of Near Relative/Guardian (if applicable)
<u>10/6/18</u>	<u>X</u>
Date	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Hudson</u>		First Name <u>Anderea</u>		Middle Name <u>Renea</u>	
Home Address (NC Residential Address.) <u>738 Dickson Rd</u>				Mailing Address (If different than home address.)	
City <u>Riegelwood</u>		State <u>NC</u>	Zip Code <u>28456</u>	City	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Voter Registration No. Optional		Phone (optional)	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone <u>910 655 9878</u>	Requestor's Email	

RECEIVED

OCT 15 2018

TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name Young	First Name Franklin	Middle Name Tunior	Suffix	Date of Birth
Home Address (NC Residential Address.) 799 Boggy Branch Rd.		Mailing Address (If different than home address.)		
City Council	State NC	Zip Code 28434	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1-1-		Previous Name (if applicable)		
Your NC number below. (or see instructions) XX - XX -		Voter Registration No.		
		Phone (optional) RECEIVED		
		Email (optional)		

OCT 29 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name Ida Young Castro		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address 898 Livingston Chapel Rd		<input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
City Delco		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
State NC		Name of Corporation (if appointed legal guardian)		
Zip Code 28436		Requestor's Phone 9107703560		
		Requestor's Email regina.young50@yahoo.com		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/29/18
Date

X **Ida Y. Castro**

10/29/18
Date

**State Absentee Ballot Request Form**
North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name <u>Young</u>	First Name <u>Elvie</u>	Middle Name <u>Patrick</u>	Suffix [Redacted]
Home Address (NC Residential Address.) <u>799 Boggy Branch Rd.</u>		Mailing Address (If different than home address.)	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28334</u>	City [Redacted]
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/18</u>		Voter Registration No. [Redacted]	Phone (optional) [Redacted]
You are [Redacted] years old. (or see instructions)		Email (optional) [Redacted]	

RECEIVED

OCT 29 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City <u>Bladen Co. Bd. of Elections</u>	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," what is the name and address of the hospital or facility:		
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:		
Requestor's Name <u>Ida Young Castro</u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address <u>898 Livingston Chapel Rd.</u>	Name of Corporation (if appointed legal guardian)	
City <u>Delco</u>	State <u>NC</u>	Zip Code <u>28406</u>
Requestor's Phone <u>9107703560</u>	Requestor's Email <u>reginalyoung50@yahoo.com</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/29/18
DateIda Y. Castro10/29/18
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 08 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Pait</u>		First Name <u>Brian</u>		Middle Name <u>Keith</u>	
Home Address (NC Residential Address.) <u>10258 HWY 41 WEST</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification: NC License or ID Number _____ SSN _____			Voter Registration No. _____ Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>10258 HWY 41 WEST</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-03-18 X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name

BOSWORTH

First Name

SUSAN

Middle Name

MARIE

Suffix

F

Home Address (NC Residential Address.)

6711 CHICKENFOOT RD.

Mailing Address (If different than home address.)

City

SAINT PAULS

State

NC

Zip Code

28384

City

State

Zip Code

Have you lived at this address for more than 30 days?

☒ Yes ☐ No

County of Residence

Bladen

Previous Name (If applicable)

If "No," indicate the date of your move:

You must provide at least one identification
NC License or ID Number

SSN

X

Voter Registration No.

000000

Phone (optional)

910-381-1833

Email (optional)

SGOFF2003@ncol

Absentee Mailing Address (Where should the ballot be mailed?)

6711 CHICKENFOOT RD

City

ST PAULS

State

NC

Zip Code

28384

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother /sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (If appointed)

RECEIVED

City

State

Zip Code

Requestor's Phone

Requestor's Email

OCT 22 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Sign

X

Signature of Near Relative/Guardian (if applicable)

X

Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name DAVIS		First Name ASHLEY		Middle Name BENTON	
Home Address (NC Residential Address.) 141 SPRING BRANCH DRIVE				Mailing Address (If different than home address.) SAME	
City HARRELLS		State NC	Zip Code 28444	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence BLADEN	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. Optional		Phone (optional) Email (optional)
[REDACTED]		[REDACTED]	[REDACTED]		RECEIVED OCT 22 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 141 SPRING BRANCH DRIVE		City HARRELLS	State NC	Zip Code 28444
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

10/21/18
X

Signature of Near Relative/Legal Guardian (if applicable)

Date

3.1.2

1081 of 2658



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Willoughby</u>	First Name <u>April</u>	Middle Name <u>J</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>1986 N.C. Hwy 410</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>[REDACTED]</u>			
You must provide at least one identification number (NC Driver's License, NC ID Card, or Social Security Number) <u>[REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u> <small>Optional</small>	Phone (optional) <u>[REDACTED]</u> Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

03-01-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smith</u>	First Name <u>Daisy</u>	Middle Name <u>Ms. Dowell</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>407 Della Street</u>		Mailing Address (if different than home address.) <u>314 Cedar Street</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification number (NC License or Social Security Number) [REDACTED] X		Voter Registration No. [REDACTED] Optional		
		Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/28/18
 Date

 X
 Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

46

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Elect

Voter Information

Last Name <u>Burton</u>		First Name <u>Butch</u>		Middle Name <u>Raven</u>	
Home Address (NC Residential Address.) <u>9004 NC Hwy 41 E</u>				Mailing Address (If different than home address.)	
City <u>Harrells</u>		State <u>NC</u>	Zip Code <u>28444</u>	City	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move:		Voter Registration No. Optional		Phone (optional)	Email (optional)
You must provide at least one identification number: NC License or ID Number		SSN			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>9004 NC Hwy 41 East</u>		City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/6/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Walton	Jennifer	Marie		
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)		
1102 Pine Ridge Cir.				
City	State	Zip Code	City	State
Bladenboro	NC	28330		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move:		Bladen		
You must provide at least one identification number (NC Driver's License, NC ID Card, or Social Security Number)		voter Registration No. (Optional)	Phone (optional)	Email (optional)

RECEIVED
MAR 27 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
Same As Above				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-13-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Blanks</u>		First Name <u>Guy</u>		Middle Name <u>L.</u>	
Home Address (NC Residential Address.) <u>754 Clyde Hatcher Rd.</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below (see instructions) NC License or ID Number <u>XX X</u>			Voter Registration No.		Phone (optional) <u>910 465-1109</u>
					Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?) [REDACTED]				City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name <u>Anita</u> <u>Cromartie</u>			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>754 Clyde Hatcher Rd</u>			Name of Corporation (If appointed legal guardian)			
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	Requestor's Phone		Requestor's Email <u>15 2018</u>	

TIME 15 2018 REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

X Anita Cromartie 10-14-20
Date Date

Go to [http://www.bladenco.org](#) to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2010

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

502

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Elect

Voter Information

Last Name <u>Heath</u>		First Name <u>TRACY</u>		Middle Name <u>Kendall</u>	
Home Address (NC Residential Address.) <u>91 Mobile Drive</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number _____ SSN _____			Voter Registration No. _____ Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>91 Mobile Drive</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-30-18 X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on 10/01
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name JESSUP		First Name ROBERT		Middle Name EARL	
Home Address (NC Residential Address) 2137 Spring Branch Rd				Mailing Address (if different than home address) PO Box 152	
City TAR HEEL	State NC	Zip Code 28392	City TAR HEEL	State NC	Zip Code 28392
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number [Redacted]			Voter Registration No. [Redacted]		
[Redacted]			Phone (optional) [Redacted]		
[Redacted]			Email (optional) [Redacted]		

Absentee Mailing Address (Where should the ballot be mailed?) [Redacted]		City [Redacted]		Zip Code [Redacted]	
RECEIVED OCT 17 2018					
If voter is registered as <u>unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: _____					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name (First) (Middle) (Last)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [Redacted]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature X [Redacted]	Signature of Near Relative/Guardian (if applicable) X [Redacted]
	Date

or registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

OCT 08 2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

TIME _____ REG'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name BRYAN	First Name STACIE	Middle Name LEWIS	Suffix
Home Address (NC Residential Address.) 190 J HILL ACRES RD.		Mailing Address (If different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (If applicable)
If "No," indicate the date of your move:		Registration No.	Phone (optional)
You must provide at least one identification: NC License or ID Number		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>	City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely Current Address (Address where you are currently stationed or living overseas.)		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address
---	--	--

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

9/28/18
Date

X

Date

NCSBE.gov to check your voter registration or absentee voting status.

FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Smith</u>	First Name <u>Albert</u>	Middle Name <u>L</u>
Home Address (NC Residential Address.) <u>209 Mercer Mill Rd Apt 1 I</u>		Mailing Address (If different than home address.)
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number (NC License or ID Number, SSN, etc.)		Phone Registration No. (Optional)
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-13-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: Bladen County Board of Elections 1090 of 2658

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Smith</u>	First Name <u>Albert</u>	Middle Name <u>Lee</u>			
Home Address (NC Residential Address.) <u>209 Mercer Mill RD-APT 1 I</u>			Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number SSN			Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

RECEIVED
APR 10 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

4/9/18

X

Date

Date



State Absentee Request Form

North Carolina

RECEIVED
AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Elect

Voter Information

Last Name <u>Burden</u>		First Name <u>John</u>		Middle Name	
Home Address (NC Residential Address.) <u>218 Burden Rd.</u>				Mailing Address (If different than home address.)	
City <u>Tar Heel</u>	State <u>N.C.</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number _____			Voter Registration No. Optional _____		Phone (optional) _____
					Email (optional) _____

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/18/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name Jacobs		First Name Agnes		Middle Name	
Home Address (NC Residential Address.) 10898 S College St Apt 38				Mailing Address (if different than home address.)	
City Clarkton	State NC	Zip Code	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)
If "No," indicate the date of your move:			Voter Registration No. Optional		Phone (optional)
You must provide at least one identification number (Legal)			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
<p>If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference:</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p>				
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will be able to vote in person: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<p>If "Yes," what is the name and address of the hospital or facility:</p>				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Sacobs</u>	First Name <u>Agnes</u>	Middle Name <u>Stultz</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>10898 S. College St Apt 30</u>		Mailing Address (if different than home address.) [REDACTED]	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: [REDACTED]			
You must provide at least one identification number (NCID, Driver's License, etc.) [REDACTED]		Voter Registration No. (Optional)	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)
☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-28-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME _____ REC'D BY _____ PHONE: 910-862-6951
BLADEN CO. BO OF ELECTIONS elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>HOWARD</u>		First Name <u>ZACHARY</u>		Middle Name <u>JOH</u>	
Home Address (NC Residential Address.) <u>605 CHESNUT ST</u>				Mailing Address (If different than home address.)	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification number (NC ID, Driver's License, etc.) <u>[REDACTED]</u>			Voter Registration No. (Optional)	Phone (optional) <u>910 872 3774</u>	Email (optional) <u>howard21983@gmail.com</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-12-2018

Date

X

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Christman</u>		First Name <u>DAVID</u>		Middle Name <u>Delane</u>	
Home Address (NC Residential Address.) <u>125 dusty Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XX XX</u>		SSN <u>[REDACTED]</u>	Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>125 dusty Rd P.O. Box 1251</u>				City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5-18-18 X

Date

Date



Exhibit 4.2.3.1.2

1096 of 2658

State Absentee Ballot Request Form
North Carolina

TO: Bladen County Board of Elections

Box 512

Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820

elections@bladenco.org

MAR 13 2018

REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	SSN
CHRISTIAN	David	D	[REDACTED]
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
125 DUSTY RD		[REDACTED]	
City	State	Zip Code	City
Bladenboro	NC	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: 1/1		Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number		Voter Registration No.	Phone (optional)
SSN			Email (optional)
X			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
SAME AS ABOVE				
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

12-26-17 X

Date

Date

202



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

MD

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name GuyTON	First Name HAZEI	Middle Name C
Home Address (NC Residential Address.) 208 WEST WALNUT ST APT 6-D		Mailing Address (If different than home address.)
City Bladenboro	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number (NC License or ID Number)		Water Registration No. (Optional)
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)
☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-14-18

X

Date

Date

202

Exhibit 4.2.3.1.2

1098 of 2658



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

MAR 13 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name <u>GUYTON</u>		First Name <u>HAZEL</u>		Middle Name <u>C</u>	
Home Address (NC Residential Address.) <u>208 WEST Walnut St APT-6D</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification: NC License or ID Number _____ SSN _____			Voter Registration No. _____ Optional		Phone (optional) _____ Email (optional) _____

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-6-17
Date

X
Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 909-672-2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

Q501

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Norris</u>	First Name <u>Hunter</u>	Middle Name <u>Lee</u>
Home Address (NC Residential Address.) <u>2987 NC 242 S</u>		Mailing Address (If different than home address.)
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28937</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <u>X X</u> SSN <u>[REDACTED]</u>		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>Bladen</u>	State <u>NC</u>	Zip Code <u>28937</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)


Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-6-18 X

Date

Date

	State of North Carolina State Board of Elections North Carolina		NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov
	NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov		

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on


Election

Voter Information					
Last Name Burke		First Name Kenneth		Middle Name Joseph	
Home Address (NC Residential Address.) 116 Harold Johnson DR			Mailing Address (if different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1/18			Previous Name (if applicable) RECEIVED		
You must provide at least one identification NC License or ID Number			Voter Registration No. APR 25 2018		
			Phone (Area Code) (Number) TIME REC'D BY		
			BLADEN CO. BO. OF ELECTIONS		

Absentee Voting Information					
Absentee Mailing Address (Where should the ballot be mailed?) 635 Paul Brisson Rd			City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
X	X
4/24/18	
Date	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337 1101 of 2658

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Rogers</u>		First Name <u>Doris</u>		Middle Name <u>L</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>5525 Mince Mill Rd</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see NC License or ID Number)			Voter Registration No.	Phone (optional)	Email (optional)
SSN <u>XXX - XX - [REDACTED]</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <u>[REDACTED]</u> Address: <u>[REDACTED]</u> City: <u>[REDACTED]</u> State: <u>[REDACTED]</u> Zip Code: <u>[REDACTED]</u> Relationship: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
RECEIVED OCT 27 2018				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable)

10/27/18
Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Rogers</u>	First Name <u>Doris</u>	Middle Name <u>Lee</u>		
Home Address (NC Residential Address.) <u>5525 Mercer Mill Rd</u>		Mailing Address (If different than home address.) <u>5525 Mercer Mill Rd</u>		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Clarkton</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number <u>XX</u> SSN <u>[REDACTED]</u>		Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> son-in-law	<input type="checkbox"/> brother/sister <input type="checkbox"/> grandchild <input type="checkbox"/> daughter-in-law	<input type="checkbox"/> parent <input type="checkbox"/> stepchild <input type="checkbox"/> legal guardian	<input type="checkbox"/> grandparent <input type="checkbox"/> mother-in-law <input type="checkbox"/> stepparent <input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
APR 30 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

4-29-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 04 2018

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Pait</u>		First Name <u>Bobby</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>10456 NC 131</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
Identification <u>[REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-1-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Elect

Voter Information

Last Name <u>Paik</u>		First Name <u>Robby</u>		Middle Name <u>Lee</u>	
Home Address (NC Residential Address.) <u>10456 NC 131 NW4</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (If applicable)	
If "No," indicate the date of your move:			TIME REC'D BY		
You must provide at least one identification number NC License or ID Number <u>[redacted]</u> SSN <u>[redacted]</u>			Bladen County Board of Elections		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-15-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5/8/18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Atkinson</u>		First Name <u>Jeffrey</u>		Middle Name <u>Duane</u>		Suffix [REDACTED]	
Home Address (NC Residential Address.) <u>318 1/2 Main St.</u>				Mailing Address (If different than home address.) [REDACTED]			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>						RECEIVED APR 13 2018	
[REDACTED]		Social Security Number (or see instructions) SSN <u>X X X - X X -</u>		Voter Registration No.		Phone (optional) <u>TIME REQUIRED</u> Email (optional) BLADEN CO. BD. OF ELECTIONS	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 323</u>		City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.					
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address
[REDACTED]	

Signature of Near Relative/Legal Guardian (if applicable)

4/12/18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.bae@ncsbe.gov

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Deaver</u>		First Name <u>Graham</u>		Middle Name <u>W</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>542 Hickory Grove Ballpark</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number [REDACTED]			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Virginia Deaver</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>542 Hickory Grove Ballpark Rd</u>		Name of Corporation (if appointed legal guardian)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Virginia Deaver 11-27-2018
Date Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Edwards</u>		First Name <u>Rufus</u>		Middle Name <u>B</u>	
Home Address (NC Residential Address.) <u>439 Oak Grove Ch Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Voter Registration No. Optional <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>Bladen Co. Bd. of Elections</u>	State <u>NC</u>	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-7-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Robinson</u>	First Name <u>JASON</u>	Middle Name <u>Dewayne</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>502 Village Street</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>[REDACTED]</u>	Previous Name (if applicable) <u>[REDACTED]</u>
If "No," indicate the date of your move: <u>[REDACTED]</u>		Voter Registration No. Optional <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
You must provide at least one identification number: <u>[REDACTED]</u>		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 28</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing <u>outside</u> the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>[REDACTED]</u>

Signature of Near Relative/Legal Guardian (if applicable)

3/27/18
 Date

X

Date



State Absentee Ballot Request

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

MAR 13 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary on 5-9-18
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Robeson</u>		First Name <u>Jason</u>		Middle Name <u>Dewayne</u>	
Home Address (NC Residential Address.) <u>502 Village Street</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 28</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>SMITH</u>		First Name <u>CRAIG</u>		Middle Name <u>DONALD</u>	
Home Address (NC Residential Address.) <u>432 CATFISH FARM ROAD</u>				Mailing Address (If different than home address.)	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>	Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification number: NC License or ID Number [Redacted] SSN [Redacted]			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepo	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/15/2018
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2010

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Electi*

Voter Information

Last Name <u>Stogner</u>		First Name <u>William</u>		Middle Name <u>C</u>	
Home Address (NC Residential Address.) <u>304 Midway Drive</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>nc</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC ID, Driver's License, etc.)			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1171</u>		City <u>Bladenboro</u>	State <u>nc</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

6-10-18

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 13 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
201 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Stogner</u>		First Name <u>William</u>		Middle Name <u>C</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>304 Midway Drive</u>				Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move:						
You must provide at least one identification number NC License or ID Number <u>[redacted]</u> X						
Voter Registration No. Optional			Phone (optional)		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>				City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[redacted]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address
Signature of Near Relative/Legal Guardian (if applicable) <u>[redacted]</u> 1-23-2018 X	
Date	



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Williams</u>		First Name <u>Heanne</u>		Middle Name <u>Marie</u>	
Home Address (NC Residential Address.) <u>137 Kelly St</u>			Mailing Address (If different than home address.) <u>P.O. Box 274</u>		
City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>	City <u>Clarkton</u>	State <u>N.C.</u>	Zip Code <u>28933</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1-18</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XX</u>		Voter Registration No.		Phone (optional)	
				Email (optional)	

RECEIVED
APR 13 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 274</u>		City <u>Clarkton</u>	State <u>N.C.</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-11-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election

Voter Information

Last Name Ityatt		First Name Jeffery		Middle Name Dean	
Home Address (NC Residential Address.) 1911 IV Mitchell Ford Rd				Mailing Address (if different than home address.)	
City Clarkton		State NC	Zip Code 28433	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification number NC License or ID Number		SSN		Registration No. Optional	Phone (optional) Email (optional)
					RECEIVED APR 03 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Graham</u>		First Name <u>Roderick</u>		Middle Name <u>Lamar</u>	
Home Address (NC Residential Address.)				Mailing Address (If different than home address.)	
City	State	Zip Code	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> <u>[REDACTED]</u> SSN <input type="checkbox"/> <u>[REDACTED]</u>		Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone <u>910.205.5759</u>	Requestor's Email TIME REC'D BY BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-14-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election*

Voter Information

Last Name WARD		First Name Willie		Middle Name Dale	
Home Address (NC Residential Address.) 2107 1st AVE				Mailing Address (If different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	City		State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification number: NC License or ID Number		SSN		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 2107 1st AVE		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-18-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5
Election

Voter Information

Last Name <u>Silvas</u>		First Name <u>SONYA</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>950 Bothel ch rd</u>				Mailing Address (If different than home address.)	
City <u>TARHEEL</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification number (NCL) <input checked="" type="checkbox"/>			Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 557</u>		City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1-4-2018
Date

X

Date



State Absentee Request Form

North Carolina

RECEIVED
AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKoy</u>		First Name <u>Cynthia</u>		Middle Name <u>Ann</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>10898 S College St Apt 6</u>				Mailing Address (if different than home address.) [REDACTED]		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]			Voter Registration No. Optional		Phone (optional)	Email (optional)
You must provide at least one identification number NC License or ID Number [REDACTED] X [REDACTED]						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-29-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name <u>DEAVER</u>		First Name <u>Sandra</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>12042 Hwy 211</u>				Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	RECEIVED		
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>			
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			TIME <u> </u> REC'D BY <u> </u>			
You must provide at least one identification number below. (or see instructions)			Voter Registration No. <u> </u> Phone (optional) <u> </u> Email (optional) <u> </u>			
NC License or ID Number <u> </u> SSN <u>XXX-XX-XXXX</u>						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>12042 Hwy 211</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

4-4-18

X

Date

Date

BE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name <u>Hersey</u>		First Name <u>Amanda</u>		Middle Name <u>Jane</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>303 Pecan St Apt. 5C</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification number (NCL) [REDACTED] X			er Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

RECEIVED
MAR 26 2018

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

3-24-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

OCT 08 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
 Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Pait</u>		First Name <u>Jacquelyn</u>		Middle Name <u>Dianne</u>	
Home Address (NC Residential Address.) <u>10258 NC HWY 41 W</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification <u>[REDACTED]</u>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>10258 NC HWY 41 W</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepchild
		<input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely
 Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
 Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/03/18 X
 Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED
OCT 04 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

1122 of 2658

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name Singleton		First Name Steven		Middle Name Asford	
Home Address (NC Residential Address.) 10701 Center Rd				Mailing Address (if different than home address.)	
City Bladenboro		State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification NC License or ID Number				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) same			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-27-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Outlaw</u>		First Name <u>Timothy</u>		Middle Name [REDACTED]	
Home Address (NC Residential Address.) <u>132 Bellamy Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [REDACTED] SSN [REDACTED]			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-12-2018

X

Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General

on

11/6/18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Moady</u>		First Name <u>HAL</u>		Middle Name <u>Wayne</u>	
Home Address (NC Residential Address.) <u>8580 NC 242 HWY N</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable)		
You must provide at least one identification number (SSN, Driver's License, etc.) <u>[REDACTED]</u>			Voter Registration No. <u>0000000000</u>	Phone (optional) <u>9105796592</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>8580 NC 242 HWY N</u>			City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name (First) (Middle) (Last) (Suffix)			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address			Name of Corporation (if appointed)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

RECEIVED

OCT 22 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/17/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name <u>SINGLETARY</u>	First Name <u>THOMAS</u>	Middle Name <u>NEIL</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>422 BUTTERS CEMETRY RD</u>		Mailing Address (If different than home address.) [REDACTED]		
City <u>BUTTERS</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification number [REDACTED]		Voter Registration No. Optional		
[REDACTED]		Phone (optional)		
[REDACTED]		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

SIGNED BY
OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

2-8-18
Date

X

Date

15



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

 TIME: _____ REC'D BY: _____
 BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>PAIT</u>		First Name <u>Chris</u>		Middle Name <u>E</u>	
Home Address (NC Residential Address.) <u>587 LYON LANDING RD</u>				Mailing Address (if different than home address.)	
City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move:			Voter Registration No. <u>Optional</u>		Phone (optional)
You must provide at least one identification number <u>[REDACTED]</u>			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 232</u>		City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-26-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

1127 of 2658

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Pait</u>	First Name <u>Chris</u>	Middle Name <u>R</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>587 Lions Landing</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1-1</u>			
You must provide at least one identification number: NC License or ID Number <input type="checkbox"/> SSN <input checked="" type="checkbox"/> <u>[REDACTED]</u>		Registration No.	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 232</u>		City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

12-22-17 X
Date

Date

Corrected 1128 of 2658
3/20/18State Absentee Ballot Request Form
North Carolinareceived
3/20/18

RECEIVED

MAR 20 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name ATKINSON	First Name AUDREY	Middle Name ANTHONY	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 304 VILLAGE STREET #2C		Mailing Address (if different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN		
If "No," indicate the date of your move: ____/____/____		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC [REDACTED] XX - XX [REDACTED]		Voter Registration No. Optional [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/20/2018 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 13 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Atkinson</u>		First Name <u>Audrey</u>		Middle Name <u>Anthony</u>		Suffix	Date of Birth
Home Address (NC Residential Address.) <u>304 Village Street #2c</u>				Mailing Address (If different than home address.)			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move:							
You must provide at least one identification number NCL# <u>[REDACTED]</u> X <u>[REDACTED]</u>							
Voter Registration No. Optional				Phone (optional)		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>				City		State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address				Name of Corporation (If appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

1-19-2018 X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov. 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name PARKER		First Name ROY		Middle Name LYNN	Suffix [REDACTED]
Home Address (NC Residential Address.) 279 OLD 87 RD.				Mailing Address (If different than home address.) SAME	
City ELIZABETHTOWN	State NC	Zip Code 28337		City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move:				RECEIVED	
You must provide at least one identification number: NC License or ID Number [REDACTED]		SSN [REDACTED]	Registration No. [REDACTED]	Phone (optional)	Email (optional) OCT 29 2018
TIME REC'D BY: BLADEN CO. BO. OF ELECTIONS					

Absentee Mailing Address (Where should the ballot be mailed?) * 279 Old 87 Rd		City ELIZABETHTOWN	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name ETHA ANTON		<input type="checkbox"/> spouse <input checked="" type="checkbox"/> brother <input checked="" type="checkbox"/> sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address 279 Old 87 Rd.		Name of Corporation (if appointed legal guardian)		
City ELIZABETHTOWN	State NC	Zip Code 28337	Requestor's Phone (908) 692-5034	Requestor's Email e/panton@yahoo.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

X ETHA ANTON 10/29/18

gov to check your voter registration or absentee voting status.

FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2



State Absentee Ballot Request Form North Carolina

RECEIVED

OCT 05 2010

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name

BROWN

First Name

MARIE

Middle Name

A

Home Address (NC Residential Address.)

9236 CHICKENFOOT RD.

Mailing Address (If different than home address.)

City

SAINT PAULS

State

NC

Zip Code

28384

City

State

Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☒ No

If "No," indicate the date of your move: / /

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification

SSN

X

Driver Registration No.

Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same as above

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

(First)

(Middle)

(Last)

(Suffix)

☐ spouse

☐ brother /sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/2/10

Date

X

Date

Go to www.ncsbe.gov to check your voter registration or absentee voting status.

SEE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

31
CL

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

5/8/18 primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Walters	David	Earl	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
119 Mill St			
City	State	Zip Code	City
Tarheel	NC	28332	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: 1/1		Previous Name (if applicable)	
You must provide at least one identification number NC License or ID Number		Registration No.	Phone (optional)
SSN			Email (optional)
X X			

Absentee Mailing Address (Where should the ballot be mailed?)		City	TIME	FROM	State	Zip Code
Same			Bladen County Board of Elections			
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.						
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent				
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law				
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
(10) 04 2011

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Outlaw</u>		First Name <u>Brenda</u>		Middle Name [REDACTED]	
Home Address (NC Residential Address.) <u>132 Bellamy Rd</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move: [REDACTED]			Voter Registration No. Optional		Phone (optional)
You must provide at least one identification number NC [REDACTED]			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

9-12-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

TIME: 10:00 AM - 5:00 PM
BLADEN COUNTY, NC 28337

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Outlaw</u>	First Name <u>Brenda</u>	Middle Name <u>Faye</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>132 Bellamy Road</u>		Mailing Address (If different than home address.) <u>SAME</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
Voter Registration No. <u>[REDACTED]</u>		Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

03-06-16
Date

X
Date



State Absentee Ballot Request Form

North Carolina

OCT 05 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>LEWIS</u>		First Name <u>Janice</u>		Middle Name <u>L</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>210 East Fourth Street</u>				Mailing Address (If different than home address.) <u>PO Box 495</u>	
City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>	City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [REDACTED] SSN [REDACTED]			Voter Registration No. [REDACTED]		
[REDACTED]			Phone (optional)		
[REDACTED]			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address
[REDACTED]	

Signature of Near Relative/Legal Guardian (if applicable)

8/31/18

X

Date

Date

202

Exhibit 4.2.3.1.2

1136 of 2658



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 13 2018

Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

TIME _____ REG'D BY _____
BLADEN CO. BD. OF ELECTIONS PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Todd</u>		First Name <u>Rosalind</u>		Middle Name <u>J</u>	Suffix [REDACTED]	
Home Address (NC Residential Address.) <u>303 Pecan St Apt 3-A</u>				Mailing Address (If different than home address.) [REDACTED]		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1</u>						
You must provide at least one identification number (see instructions) NC License or ID Number		SSN <u>X X</u>	Voter Registration No.	Phone	Email	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter <u>[REDACTED]</u> Date <u>10-2-11</u>	OR Signature of Near Relative/Legal Guardian (if applicable) <u>X</u> Date _____
--	--

TO: BLADEN COUNTY BOARD OF ELECTIONS



State Absentee Ballot Request Form

North Carolina

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Elect

Voter Information

Last Name <u>Bordeaux</u>		First Name <u>Linda</u>		Middle Name <u>Irene</u>	
Home Address (NC Residential Address.) <u>1835 Center Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
<p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p>				
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will be returning your ballot.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
If "Yes," what is the name and address of the hospital or facility:				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

1138 of 2658

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
BORDEAUX	LINDA	IRENE	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
1835 CENTER RD			
City	State	Zip Code	City
BLADENBORO	NC	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>1-1-</u>		Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number		Registration No.	Phone (optional)
SSN		Email (optional)	
X X			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
1835 CENTER RD		BLADENBORO	NC	28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

12/14/17
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Martin</u>		First Name <u>Kenneth</u>		Middle Name <u>D</u>	
Home Address (NC Residential Address.) <u>508 Chestnut St</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

RECEIVED

OCT 15 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only)	
Current Address (Address where you are currently stationed or living overseas.)		<input type="checkbox"/> Mail	<input type="checkbox"/> Fax
		<input type="checkbox"/> Email	
		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

9-5-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5/8/18

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Ballard</u>		First Name <u>Ronald</u>		Middle Name	
Home Address (NC Residential Address.) <u>183 Suggs Taylor Rd.</u>				Mailing Address (If different than home address.)	
City <u>Elizabeth town</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number		SSN <u>X</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Guardian (If applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

1141 of 2658

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5/8/18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>BALLARD</u>	First Name <u>Jermaine</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>54 Suggs Taylor Rd</u>		Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/18</u>			
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number	SSN		Email (optional)
	<u>X X</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
				TIME REC'D BY BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/11/18

X

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name HERRING		First Name DIANE		Middle Name JORDAN		Suffix	Date of Birth
Home Address (NC Residential Address.) PO BOX 111				Mailing Address (If different than home address.) 3060 Hwy. 131			
City WHITE OAK	State NC	Zip Code 28399	City Tar Heel	State NC	Zip Code 28392		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)		
If "No," indicate the date of your move: _____			Voter Registration No.		Phone (optional)		
You must provide at least one identification: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			Email (optional)				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State		Zip Code	
RECEIVED OCT 11 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS							
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility: _____							
If requesting on absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
(First) (Middle) (Last) (Suffix)				<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian							
Requestor's Address				Name of Corporation (If appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable)

10-8-18
Date

X
Date

BE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Benson</u>		First Name <u>Norris</u>		Middle Name <u>Wayne</u>	
Home Address (NC Residential Address.) <u>156 Lester King Rd</u>				Mailing Address (If different than home address.)	
City <u>Tarheel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Voter Registration No. <input type="checkbox"/> Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
RECEIVED OCT 15 2018				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

502

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Sessom</u>		First Name <u>Lloyd</u>		Middle Name <u>m</u>	
Home Address (NC Residential Address.) <u>262 Harrelson Rd</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	TIME BLADEN CO. CL. OF ELECTIONS	REC'D BY State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-5-18 X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2

1145 of 2658



State Absentee Ballot Request Form North Carolina

OCT 05 2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on Nov 6
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name DOWLESS		First Name MICHAEL		Middle Name LEE	Suffix
Home Address (NC Residential Address.) 725 SASSAFRAS RD.				Mailing Address (If different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u> / / </u>			Previous Name (if applicable)		
You must provide at least one identification number: NC license or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Registration No.		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 725 SASSAFRAS RD.		City BLADENBORO	State N.C.	Zip Code 28320
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
(First) (Middle) (Last) (Suffix)		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
City		State	Zip Code	Name of Corporation (if appointed legal guardian)
Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable)

1 Oct 2018 X

Date

Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Banner</u>		First Name <u>Joseph</u>		Middle Name [REDACTED]	
Home Address (NC Residential Address) <u>424 Martin Luther King Jr</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification [REDACTED]			Voter Registration No. [REDACTED]		
[REDACTED]			Phone (optional)		
[REDACTED]			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1147 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Johnson</u>		First Name <u>Alison</u>		Middle Name <u>Bernie</u>	
Home Address (NC Residential Address.) <u>98 avenue ave.</u>				Mailing Address (If different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u>		SSN <u>[REDACTED]</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)

RECEIVED

OCT 02 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	TIME BLADEN CO. BO. OF ELECTIONS	REC'D BY State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address			Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

09-24-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name CHRISTIAN		First Name VERN		Middle Name DAVID	
Home Address (NC Residential Address.) 2791 GRIMSLEY FARM ROAD				Mailing Address (if different than home address.) 2791 GRIMSLEY FARM ROAD	
City BLADENBORO	State NC	Zip Code 28320	City BLADENBORO	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [REDACTED]			Registration No. Optional [REDACTED]		
SSN [REDACTED]			Phone (optional) [REDACTED]		
			Email (optional) [REDACTED]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 2791 GRIMSLEY FARM ROAD				City BLADENBORO	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

TIME
MAR 26 2018
REC'D BY
BLADEN CO. ELECTIONS

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

3-2-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2016

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Todd</u>		First Name <u>Larry</u>		Middle Name <u>Taz</u>	
Home Address (NC Residential Address.) <u>492 Burney Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC ID Card, or US Passport)			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>48 Sand Hill Dr</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8/22/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Todd	First Name Larry	Middle Name V	Suffix [REDACTED]
Home Address (NC Residential Address.) 492 Burney Rd		Mailing Address (If different than home address.) [REDACTED]	
City Bladenboro	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____			
You must provide at least one identification number below. (or NCL# [REDACTED])		Driver Registration No. Optional	Phone (optional) TIME [REDACTED] Email (optional) REC'D BY BLADEN CO. BD. OF ELECTIONS

RECEIVED
APR 12 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
OCT 04 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Britt</u>	First Name <u>Mary</u>	Middle Name <u>Beth</u>
Home Address (NC Residential Address.) <u>513 James Pait Road</u>		Mailing Address (If different than home address.) <u>513 James Pait Road</u>
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move: [Redacted]		Previous Name (if applicable)
You must provide at least one identification: NC License or ID Number [Redacted] SSN [Redacted] <input checked="" type="checkbox"/>		Voter Registration No. [Redacted]
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

08-30-8X

Date

Date

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

State Absentee Ballot Request Form
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name Evans		First Name Loretta		Middle Name [REDACTED]	
Home Address (NC Residential Address.) 898 Knoxville Lane				Mailing Address (If different than home address.) [REDACTED]	
City Elizabethtown	State NC	Zip Code 28337	City [REDACTED]	State NC	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence [REDACTED]		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable) [REDACTED]		
You must provide at least one identification number: NC License or ID Number [REDACTED] SSN [REDACTED]			Voter Registration No. (Optional) [REDACTED]		
			Phone (optional) [REDACTED]		
			Email (optional) [REDACTED]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) [REDACTED]		City [REDACTED]	State NC	Zip Code [REDACTED]
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name [REDACTED]		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address [REDACTED]		Name of Corporation (If appointed legal guardian) [REDACTED]		
City [REDACTED]	State NC	Zip Code [REDACTED]	Requestor's Phone TIME [REDACTED] Requestor's Email [REDACTED]	

RECEIVED
OCT 15 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address [REDACTED]

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER

Election Type (Primary, General, Municipal, Special, etc.)

Elec

Voter Information

Last Name <u>Walters</u>		First Name <u>Ted</u>		Middle Name <u>A</u>	
Home Address (NC Residential Address.) <u>213 South Gillespie St Apt 1A</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NCLicense or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-23-18 X

Date

Date



Exhibit 4.2.3.1.2

1154 of 2658

State Absentee Ballot Request Form
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>Brisson</u>		First Name <u>Wade</u>		Middle Name <u>Lee</u>		Suffix [REDACTED]	
Home Address (NC Residential Address.) <u>473 Brisson Rd</u>				Mailing Address (If different than home address.) [REDACTED]			
City <u>Tarheel</u>		State <u>NC</u>	Zip Code <u>28392</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1-</u>				Registration No.		Phone (optional) <u>910-549-4370</u>	Email (optional)
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>		[REDACTED]		[REDACTED]	

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>Bladen</u>		State <u>NC</u>	Zip Code <u>28392</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: _____ Relationship: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address _____ _____ _____			Name of Corporation (if appointed legal guardian)		
City		State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-23-18 X

Date

Date



State Absentee Request Form

North Carolina

RECEIVED
AUG 17 2008
TIME 1:00 PM
BLADEN COUNTY BOARD OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Cyromarie</u>		First Name <u>Cynthia</u>		Middle Name [REDACTED]	
Home Address (NC Residential Address.) <u>74 Pompey Rd</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification number [REDACTED]			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-20-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202 m.d

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name FORES		First Name ROY		Middle Name T	Suffix	Date of Birth
Home Address (NC Residential Address.) 8745 Center Road Rd				Mailing Address (If different than home address.)		
City Bladenboro		State NC	Zip Code 28320	City		State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)
If "No," indicate the date of your move:						
You must provide at least one identification n NC License or ID Number [redacted] SSN [redacted]				oter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-25-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

RECEIVED
MAR 13 2018

Physical Address
9013 Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

3/8/18

Election

Voter Information

Last Name <u>Forbes</u>		First Name <u>Boyd</u>		Middle Name <u>T</u>	
Home Address (NC Residential Address.) <u>8745 Center Road Rd</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number _____ SSN _____			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-27-18 X

Date

Date

201

Exhibit 4.2.3.1.2

1158 of 2658



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-

Election Type (Primary, General, Municipal, Special, etc.)

Elec

Voter Information

Last Name Williams		First Name Sheri		Middle Name Lee	
Home Address (NC Residential Address.) 1320 Murray Haywood Rd				Mailing Address (if different than home address.)	
City Evergreen		State NC	Zip Code 28438	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification number (e.g., driver's license, state ID, etc.)				Voter Registration No. (Optional)	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

1-22-18

X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2

1159 of 2656



State Absentee Ballot Request Form North Carolina

RECEIVED
OCT 05 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

HAMMOND

First Name

KENNETH

Middle Name

MICHAEL

Suffix

Home Address (NC Residential Address.)

PO BOX 801

Mailing Address (if different than home address.)

City

BLADENBORO

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: _____

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number:

NC License or ID Number

SSN

X X

Registration No.

Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☐ Republican

☐ Libertarian

☒ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility: _____

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-2-18

X

Date

Date

NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name HAMMOND		First Name KENNETH		Middle Name Michael	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 12342 NC Hwy 211 west				Mailing Address (If different than home address.) P.O. box 801		
City Bladenboro	State N.C.	Zip Code 28320	City Bladenboro	State N.C.	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]						
You must provide at least one identification number (NC ID, Driver's License, etc.) [REDACTED] X			Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. box 801		City Bladenboro	State N.C.	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 04 2018

TIME REC'D BY

BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/1/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>MUSE</u>	First Name <u>STEPHEN</u>	Middle Name <u>LACY</u>
Home Address (NC Residential Address.) <u>6199 NC 211 HWY WEST</u>		Mailing Address (if different than home address.) <u>PO BOX 1532</u>
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>
Previous Name (if applicable)		
If "No," indicate the date of your move:		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		
Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO BOX 1532</u>		City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address <u>[REDACTED]</u>	Name of Corporation (if appointed legal guardian)			
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

02/14/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Johnson</u>		First Name <u>Thomas</u>		Middle Name <u>Morgan</u>		Suffix <u>[REDACTED]</u>					
Home Address (NC Residential Address.) <u>406 Hall St</u>				Mailing Address (If different than home address.) <u>106 Easy St</u>							
City <u>Elizabethtown</u>		State <u>NC</u>		Zip Code <u>28337</u>		City <u>Elizabethtown</u>		State <u>NC</u>		Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)					
If "No," indicate the date of your move: <u>1/1/</u>				County of Residence <u>Bladen</u>		Previous Name (if applicable)					
You must provide at least one identification number below. (or see instructions)				Voter Registration No.		Phone (optional)		Email (optional)			
NC License or ID Number <u>X X X - X X</u>				SSN <u>[REDACTED]</u>							

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>106 Easy St</u>				City <u>Elizabethtown</u>		State <u>NC</u>		Zip Code <u>28337</u>	
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan									
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
If "Yes," what is the name and address of the hospital or facility:									
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:									
Requestor's Name <u>Thomas M. Johnson</u>				<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address <u>106 Easy St</u>				Name of Corporation (if appointed legal guardian)					
City <u>Elizabethtown</u>		State <u>NC</u>		Zip Code <u>28337</u>		Requestor's Phone <u>874-4560</u>		Requestor's Email <u>mjohnson605@yahoo.com</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address	
Current Address (Address where you are currently stationed or living overseas.)		RECEIVED OCT 18 2018	

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

X

X Thomas M. Johnson 10/18/18

Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary on 5-8-2016

Election

Voter Information

Last Name MUSE	First Name GLYNDA	Middle Name BENSON
Home Address (NC Residential Address.) 6199 NC 211 HWY WEST		Mailing Address (if different than home address.) PO BOX 1532
City BLADENBORO	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number [redacted] SSN [redacted]		Phone (optional)
Registration No. [redacted]		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO BOX 1532		City BLADENBORO	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

RECEIVED
MAR 26 2016

SIGNATURES

Signature of Near Relative/Legal Guardian (if applicable)

2-14-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
SEP 21 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Ward</u>	First Name <u>Jerry</u>	Middle Name <u>Kent</u>	Suffix <u>JR</u>	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>2824 Twisted Hickory Rd</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number (NCL) [REDACTED] X		Voter Registration No. [REDACTED] Optional		
		Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2824 Twisted Hickory Rd</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-10

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name Hayes		First Name Tammie		Middle Name Rose	
Home Address (NC Residential Address.) 117 Old Abbottsburg Rd				Mailing Address (If different than home address.) PO Box 67	
City Bladenboro	State NC	Zip Code 28320	City Bladenboro	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number			Registration No. Optional		
SSN			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO Box 67				City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Gause</u>		First Name <u>Johnnie</u>		Middle Name <u>W</u>	
Home Address (NC Residential Address.) <u>8420 NC Hwy 131</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification NC Identification Number <u>X</u>				Voter Registration No. Optional	Phone (optional)
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-5-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McLean</u>		First Name <u>CRYSTAL</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>373 SASSAFRAS</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number <u>XX</u>		Voter Registration No.		Phone (optional) RECEIVED APR 03 2018	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City <u>BLADEN CO. BD. OF ELECTIONS</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/31/18

X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name WILKINS	First Name JENNIFER	Middle Name HESTER	Suffix
Home Address (NC Residential Address.) 1586 HORSESHOE RD.		Mailing Address (if different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move:		Registration No. Optional	Phone (optional)
You must provide at least one identification NC License or ID Number X		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
RECEIVED OCT 15 2018				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/5/18 **X**
Date

Date

SBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Leach</u>		First Name <u>Bernard</u>		Middle Name <u>-</u>	
Home Address (NC Residential Address.) <u>2094 Green Mill Rd Apt 112</u>				Mailing Address (If different than home address.)	
City <u>Elizabeth</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> <u>[REDACTED]</u> SSN <input type="checkbox"/> <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-13-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Leach</u>	First Name <u>Bernard</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>209 Mercer Mill Rd Apt 1P</u>		Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>/ /</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional)
You must provide at least one contact number below. (or see instructions)		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>Bladen</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <u>Democrat</u> <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother /sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-21-18 X
 Date

Date



State Absentee Request Form

North Carolina

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Crumb</u>	First Name <u>Idonda</u>	Middle Name <u>Latrice</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1209 McLean St</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number NC ID <u>[REDACTED]</u> X		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-18-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

Election Date

Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name MCDANIEL	First Name TIMOTHY	Middle Name DAVID	Suffix
Home Address (NC Residential Address.) 2429 OWEN HILL RD		Mailing Address (If different than home address.)	
City ELIZABETHTOWN	State NC	Zip Code 28337	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN	Previous Name (if applicable)
If "No," indicate the date of your move:		Water Registration No. Optional	Phone (optional) 910-876 0996
You must provide at least one identification number (NC Driver's License, State ID, etc.)		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2/23/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>LESANE</u>	First Name <u>Charles</u>	Middle Name <u>E</u>	[REDACTED]		
Home Address (NC Residential Address.) <u>402 Center Road Rd</u>					
City <u>Elizabeth Town</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XX</u>		SSN <u>[REDACTED]</u>	Registration No.	Phone (optional)	Email (optional)

RECEIVED
APR 12 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	TIME REC'D BY BLADEN CO. BO. OF ELECTIONS	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address	Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-6-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 910-862-2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

p202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Ballard</u>		First Name <u>Carmella</u>		Middle Name	
Home Address (NC Residential Address.) <u>390 Twisted Hickory Apt 18</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28332</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>		Voter Registration No. Optional		Phone (optional)	
				Email (optional)	

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan		TIME REC'D BY		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will be able to return your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No		BLADEN COUNTY BOARD OF ELECTIONS		
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 13 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
Physical Address
301 S Cypress St
Elizabethtown NC
28337
TIME _____ REC'D BY _____
BLADEN CO. BD OF ELECTIONS
PHONE: 910-862-6951
elections@bladenco.org

Mailing Address
PO Box 512
Elizabethtown NC 28337

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>BELLAMY</u>	First Name <u>Fredia</u>	Middle Name <u>G</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>1622 Butler mill rd</u>		Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: [REDACTED]			
You must provide at least one identification NC License or ID Number [REDACTED] SSN [REDACTED]		Other Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1/15/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

EXHIBIT 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1176 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Sykes</u>	First Name <u>Adam</u>	Middle Name <u>Briggs</u>
Home Address (NC Residential Address.) <u>1211 Storms rd</u>		Mailing Address (if different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Driver Registration No. Optional
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1211 Storms rd</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-9-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

 TIME REC'D BY
 BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Taylor</u>		First Name <u>Melise</u>		Middle Name <u>B</u>	
Home Address (NC Residential Address.) <u>322 Gpsbn DR</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>Nc</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-3-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>STRICKLAND</u>		First Name <u>CARLIE</u>		Middle Name <u>WELDON</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>X 422 BUTTERS CEMETARY RD</u>				Mailing Address (If different than home address.)	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, ID Card, or Social Security Number) [REDACTED]			Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

2-9-18 x 2-9-18

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P201

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name Gause	First Name Darlene	Middle Name Dove	[Redacted]		
Home Address (NC Residential Address.) 4447 Old Abbottsburg Rd					
City Bladenboro	State	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: [Redacted]			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [Redacted] SSN [Redacted]			Voter Registration No. [Redacted]		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO Box 662		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 15 2018

TIME REC'D BY
BLADEN COUNTY BOARD OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only)	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax	<input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address			

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

EXHIBIT 2.3.12

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Gause</u>		First Name <u>Darlene</u>		Middle Name <u>Dove</u>	Suffix
Home Address (NC Residential Address.) <u>4447 Old Abbotsburg</u>				Mailing Address (If different than home address.) <u>P.O. Box 662</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X</u>			Voter Registration No. <u>[REDACTED]</u>		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 662</u>		State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name (First) (Last) (Middle) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address	

TIME REC'D BY
BLADEN CO. BOARD OF ELECTIONS

MAR 26 2018

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

Go to www.bladenco.org to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>McKoy</u>		First Name <u>Tony</u>		Middle Name <u>Lee</u>	
Home Address (NC Residential Address.) <u>6711 Hwy 41 West</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/26/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jones</u>		First Name <u>Timothy</u>		Middle Name <u>A</u>	
Home Address (NC Residential Address.) <u>123 Twisted Hickory</u>				Mailing Address (If different than home address.)	
City <u>Dublin</u>		State <u>NC</u>	Zip Code <u>28332</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number NC License or ID Number		SSN <u>X X</u>	Registration No. Optional	Phone (optional)	Email (optional)

Absentee voting information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 254</u>		City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>2</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 04 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-2-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jones</u>	First Name <u>Timothy</u>	Middle Name <u>A</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>123 Twisted Hickory Rd</u>		Mailing Address (If different than home address.)		
City <u>Dublin</u>	State <u>NC</u>	Zip Code	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC ID Card, or US Passport)		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 254</u>	City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-22-18 X

Date

Date



State Absentee Ballot Request Form

RECEIVED

North Carolina

OCT 08 2018

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
 Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Sykes</u>		First Name <u>Dewey</u>		Middle Name <u>G</u>	
Home Address (NC Residential Address.) <u>2273 Marsh Road</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification SSN <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Gloria Sykes</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>2273 Marsh Rd</u>		Name of Corporation (If appointed legal guardian)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only)	
Current Address (Address where you are currently stationed or living overseas.)		<input type="checkbox"/> Mail	<input type="checkbox"/> Fax
		<input type="checkbox"/> Email	
		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X Gloria Sykes
10-6-18
 Date

Date

202



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 13 2018

Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS elections@bladencp.org

PHONE: 910-862-6951 FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Outlaw</u>		First Name <u>Charles</u>		Middle Name <u>m</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>303 Pecan St. Apt. 5C</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28326</u>	City <u>[REDACTED]</u>		State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>[REDACTED]</u>		Previous Name (if applicable) <u>[REDACTED]</u>	
If "No," indicate the date of your move: <u>1/1/</u>				Registration No. <u>[REDACTED]</u>		Phone <u>[REDACTED]</u>	Email <u>[REDACTED]</u>
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u> <input checked="" type="checkbox"/> <input type="checkbox"/>							

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>			City <u>[REDACTED]</u>		State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u>[REDACTED]</u>			Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>			
City <u>[REDACTED]</u>		State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>		Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Voter (voter only) [REDACTED] OR Signature of Near Relative/Legal Guardian (if applicable) X
Date 9-26-17 Date _____



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 13 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME _____ REC'D BY _____ PHONE: 910-862-6951
BLADEN CO. BD. OF ELECTIONS

FAX: 910-862-7802

Email: elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Outlaw</u>		First Name <u>Donna</u>		Middle Name <u>Colman</u>	
Home Address (NC Residential Address.) <u>219 Hemlock Drive</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC ID Card, or US Passport)			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 412</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

01-2-18
X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202
W

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name MUSE	First Name JOHN	Middle Name DAMIAN
Home Address (NC Residential Address.) 115 FREEMAN STREET		Mailing Address (if different than home address.)
City BLADENBORO	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number [REDACTED] SSN [REDACTED]		Phone (optional)
Voter Registration No. Optional		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepparent <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	RECEIVED SEP 25 2018	
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
Requestor's Email			REC'D BY BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/11/2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

502

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Adams</u>		First Name <u>Terrica</u>		Middle Name <u>Carter</u>	
Home Address (NC Residential Address.) <u>250 mobile DR</u>				Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
<p>If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference:</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p>				
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<p>If "Yes," what is the name and address of the hospital or facility:</p>				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

<p>Select one of the options below to qualify as a military or overseas voter:</p> <p><input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.</p> <p><input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely</p>	
Current Address (Address where you are currently stationed or living overseas.)	<p>Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email</p> <p>Fax Number or Email Address</p>

Signature of Near Relative/Legal Guardian (if applicable)

8/5/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7802

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name LESSANE	First Name Alice	Middle Name F	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 52 Pompe Rd		Mailing Address (If different than home address.)		
City Dublin	State N.C.	Zip Code 28332	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification number. [REDACTED]		Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO Box 64		City Dublin	State N.C.	Zip Code 28332
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-11-17 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>NANCE</u>		First Name <u>ELIZABETH</u>		Middle Name <u>YVONNE</u>	
Home Address (NC Residential Address.) <u>2850 BYRNEY ROAD</u>				Mailing Address (If different than home address.)	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE.</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
SEP 25 2018

REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/23/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-2018
Election

Voter Information

Last Name NANCE		First Name ELIZABETH		Middle Name YVONNE	
Home Address (NC Residential Address.) 2850 BURNEY Rd				Mailing Address (If different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [redacted] SSN [redacted]			Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

TIME REC'D BY
MAR 26 2018
BLADEN CO. DD. OF ELECTIONS

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL.

Exhibit 4.2.3.1.2



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723
elections.sboe@ncsbe.gov

FAX: 919-715-0135

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General

on 2018

Election Date

Voter Information

Last Name

MITCHELL

First Name

SHANEQUE

Middle Name

SHANTELL

Suffix

Home Address (NC Residential Address.)

3371 CROMARTIE RD.

Mailing Address (If different than home address.)

P.O. Box 864

City

ELIZABETHTOWN

State

NC

Zip Code

28337

City

Elizabethtown

State

NC

Zip Code

28337

Have you lived at this address for more than 30 days?

☒ Yes ☐ No

County of Residence

Bladen

Previous Name (if applicable)

If "No," indicate the date of your move:

You must provide at least one identification number below. (or see instructions)

NC license or ID Number

SSN

X X

Registration No.

Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

P.O. Box 864

Elizabethtown

State

NC

Zip Code

28337

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot.

☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Name of Corporation (if appointed legal guardian)

Requestor's Address

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Guardian (if applicable)

9-29-18 X

Date

Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

10/10/18 04 2018 10/10/18 04 2018

TIME REC'D BY TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS BLADEN CO. BD. OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name Bryan		First Name John		Middle Name P	
Home Address (NC Residential Address.) 549 Hwy 410 Apt.#3C				Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-30-18 X

Date

Date

201

Exhibit 4.2.3.1.2

1194 of 2658



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Coleman</u>		First Name <u>Michael</u>		Middle Name <u>W</u>		State <u>NC</u>	
Home Address (NC Residential Address.) <u>310 EAST Poplar st</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>			
City <u>Bladenboro</u>		State <u>NC</u>		Zip Code <u>28320</u>		City <u>[REDACTED]</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		Previous Name (if applicable)			
If "No," indicate the date of your move: <u>1/1/18</u>		County of Residence		Previous Name (if applicable)			
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Voter Registration No.		Phone		Email	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City <u>[REDACTED]</u>		State <u>NC</u>		Zip Code <u>28320</u>	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse		<input type="checkbox"/> brother/sister		<input type="checkbox"/> parent	
<u>[REDACTED]</u>		<input type="checkbox"/> child		<input type="checkbox"/> grandchild		<input type="checkbox"/> stepchild	
<u>[REDACTED]</u>		<input type="checkbox"/> son-in-law		<input type="checkbox"/> daughter-in-law		<input type="checkbox"/> legal guardian	
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>					
City <u>[REDACTED]</u>		State <u>NC</u>		Zip Code <u>28320</u>		Requestor's Phone <u>[REDACTED]</u>	
<u>[REDACTED]</u>		Requestor's Email <u>[REDACTED]</u>					

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

RECEIVED

Signature of Voter <u>[REDACTED]</u>		OR		Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>	
Date <u>5/8/18</u>		Date <u>5/8/18</u>		Date <u>3</u>	

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1195 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name
McKiver	Mary	Ann
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)
658 Ave Rd		PO BOX 392
City	State	Zip Code
White Oak	NC	28399
City	State	Zip Code
Elizabethtown	NC	28337
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		
County of Residence		
Previous Name (if applicable)		
If "No," indicate the date of your move:		
You must provide at least one identification		
NC License or ID Number	SSN	Water Registration No. Optional
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/15/18
Date

X

Date

202



State Absentee Ballot Request

North Carolina

MAR 14 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Packer	First Name Thurman	Middle Name Dwayne	Suffix
Home Address (NC Residential Address.) 129B MUK JR Drive		Mailing Address (If different than home address.) PO Box 984	
City Bladenboro	State NC	Zip Code 28320	City Bladenboro
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	
If "No," indicate the date of your move:		Previous Name (if applicable)	
You must provide at least one identification n		oter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5-13-18

X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name ROSS		First Name DOROTHY		Middle Name MAE	
Home Address (NC Residential Address.) 6110 CHICKENFOOT RD.				Mailing Address (If different than home address.)	
City SAINT PAULS	State NC	Zip Code 28384	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number			Voter Registration No. Optional	Phone (optional)	Email (optional)

RECEIVED
OCT 20 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	TIME _____	REC'D BY _____	State _____	Zip Code _____
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility: _____						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sig _____ X _____ Date _____	Signature of Near Relative/Guardian (if applicable) X _____ Date _____
------------------------------------	--

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

p 60

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Ross</u>		First Name <u>Dorothy</u>		Middle Name <u>M</u>	
Home Address (NC Residential Address.) <u>1110 Chickenfoot Rd.</u>				Mailing Address (if different than home address.)	
City <u>St. Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. <i>Optional</i>		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if applicable) BLADEN CO. BD. OF ELECTIONS		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/4/18
Date

X

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name ROSS		First Name WILLIE		Middle Name GLEAN	
Home Address (NC Residential Address.) 6110 CHICKENFOOT RD.				Mailing Address (If different than home address.)	
City SAINT PAULS	State NC	Zip Code 28384	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: _____			RECEIVED OCT 20 2018		
You must provide at least one identification NC License or ID Number					
Voter Registration No. _____ Optional			Phone (optional) _____ Email (optional) _____		

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

Date

Date

NCsbe.gov to check your voter registration or absentee voting status.

ERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Thompson</u>	First Name <u>JACK</u>	Middle Name <u>T</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>79 Burney Rd</u>		Mailing Address (If different than home address.) <u></u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable) <u></u>
If "No," indicate the date of your move: <u></u>		Voter Registration No. <u></u>	Phone (optional) <u></u>
You must provide at least one identification number <u></u>		Email (optional) <u></u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>395 SAM'S DRIVE</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: <u></u>			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	
Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u></u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address <u></u>

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

10 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

MAR 13 2018

TIME _____ REC'D BY _____
 BLADEN CO. BO OF ELECTIONS
 PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Thompson</u>	First Name <u>Jack</u>	Middle Name <u>Thomas</u>	Suffix <u>Dr.</u>
Home Address (NC Residential Address.) <u>303 Pecan St. Apt. 9E</u>		Mailing Address (If different than home address.) [REDACTED]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u> / / </u>			
Your NC Voter ID number below. (or see instructions) <u>XXXXXXXXXX</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-11-18
 Date

X
 Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Lockamy</u>		First Name <u>Justin</u>		Middle Name <u>Callihan</u>	
Home Address (NC Residential Address.) <u>425 South Ash St.</u>				Mailing Address (If different than home address.) <u>33 Richardson Rd.</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, State ID, etc.)			Voter Registration No. Optional		Phone (optional) <u>910-991-6578</u>
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>33 Richardson Rd.</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-1-18
Date

X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name Rose		First Name Frances		Middle Name	
Home Address (NC Residential Address.) 664 Governors Estate Dr				Mailing Address (if different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number _____ SSN _____			Voter Registration No. _____ <i>Optional</i>		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 2374		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-8-18

Date

X

Date



Exhibit 4.2.3.1.2

1204 of 2658

State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

PO BOX 512

Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
ROSE	FRANCES	H	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
664 GOVERNORS ESTATE			
City	State	Zip Code	
ELIZABETHTOWN	NC	28337	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: 1/1/		Previous Name (If applicable)	
You must provide at least one identification number NC License or ID Number		Registration No.	Phone (optional)
SSN			Email (optional)
X X			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
PO. Box 2374		ELIZABETHTOWN	NC	28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date

E.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>SINGLETARY</u>	First Name <u>DEBRA</u>	Middle Name <u>MICHELLE</u>
Home Address (NC Residential Address.) <u>415 BERRY LEWIS ROAD</u>		Mailing Address (If different than home address.)
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Phone (optional)
Voter Registration No. Optional		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email
<div style="text-align: center;"> RECEIVED SEP 25 2018 TIME _____ REC'D BY _____ BLADEN CO. BD. OF ELECTIONS </div>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/16/2018 X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME _____ REC'D BY _____ PHONE: 910-862-6951
BLADEN CO. BD. OF ELECTIONS

FAX: 910-862-7802

MAR 13 2018

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Singleton</u>	First Name <u>Debra</u>	Middle Name <u>Michelle</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>415 Berry Lewis Road</u>		Mailing Address (If different than home address.) <u>415 Berry Lewis Road</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: ____/____/____		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NCL [REDACTED] X X - X X - [REDACTED]		Voter Registration No. Optional	Phone (optional)
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>415 Berry Lewis Road</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-8-2018
Date

2-8-2018
Date

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2

1207-01-000



State Absentee Ballot Request Form North Carolina

RECEIVED

OCT 05 2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723
elections.sboe@ncsbe.gov

FAX: 919-715-0135

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

BLADEN CO. BD. OF ELECTIONS

on

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

TATUM

First Name

SHELIA

Middle Name

ANN DAVIS

Suffix

Home Address (NC Residential Address.)

558 CAIN LOOP RD.

Mailing Address (If different than home address.)

City

ELIZABETHTOWN

State

NC

Zip Code

28337

City

State

Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move: / /

Identification number

SSN

X X

Registration No.

Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

N.C.

28337

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother /sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

9-26-18 X

Date

to check your voter registration or absentee voting status.

FOR ADDITIONAL INFORMATION

**State Absentee Ballot Request Form**
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Dion</u>	First Name <u>Ruth</u>	Middle Name <u>B</u>	Suffix <u>[Redacted]</u>
Home Address (NC Residential Address.) <u>2713 NC Hwy 20</u>		Mailing Address (If different than home address.) <u>[Redacted]</u>	
City <u>St. Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>	City <u>[Redacted]</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (If Applicable)
If "No," indicate the date of your move: <u>1-1-18</u>		RECEIVED APR 25 2018	
You must provide at least one Identification number: NC License or ID Number <u>X</u> SSN <u>X</u>		Registration No.	Phone (optional) TIME <u>[Redacted]</u> BD. OF ELECTIONS
		Phone (optional) TIME <u>[Redacted]</u> BD. OF ELECTIONS	Email (optional) REC'D BY <u>[Redacted]</u> BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>4113 Chicken Foot Rd</u>		City <u>St. Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2

1209 of 2658



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name PETITT		First Name ADRAINNIE		Middle Name CAROL	Suffix
Home Address (NC Residential Address.) 12849 NC 131 HWY.				Mailing Address (If different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below (see instructions). NC License or ID Number		SSN X X	Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 12849 Hwy 131		City BLADENBORO	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
(First) (Middle) (Last)		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
City		Name of Corporation (If appointed legal guardian)		
State		Requestor's Phone		
Zip Code		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9/29/18 X

Date

Date

to check your voter registration or absentee voting status.

OR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

RECEIVED
OCT 08 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name SYKES	First Name BRENDA	Middle Name EVERS	Suffix [REDACTED]
Home Address (NC Residential Address.) 155 SYKES DR.		Mailing Address (If different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: [REDACTED]		Water Registration No.	Phone (optional)
You must provide at least one identification NC License or ID Number [REDACTED]		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 155 Sykes Dr		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

10/3/18
Date

X

Date

NCsbe.gov to check your voter registration or absentee voting status.

SEE PAGE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Hester	Juanita	Evers	
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)	
1208 Storms Road		PO Box 174	
City	State	Zip Code	City
Bladenboro	NC	28320	Bladenboro
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: 1/1		Bladen	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number	SSN		Email (optional)
	XX		

Absentee Mailing Address (Where should the ballot be mailed?)		State	Zip Code
PO Box 174		NC	28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

12/28/2017 X

Date

Date

RECEIVED

AUG 30 2018

	State Absentee Ballot Request Form North Carolina		REC'D BY Bladen County Board of Elections PO Box 512 Elizabethtown, NC 28337
			PHONE: 910-862-6951 FAX: 910-862-7820 elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Simmons</u>		First Name <u>Viola</u>		Middle Name <u>Mae</u>	Suffix
Home Address (NC Residential Address.) <u>905 Maultrie Lane</u>		Mailing Address (If different than home address.) <u>1707 Burnette Ave, Apt 207</u>			
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Charlotte</u>	State <u>NC</u>	Zip Code <u>28208</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>[Redacted]</u>			Previous Name (if applicable) <u>28208</u>		
You must provide at least one identification [Redacted] SSN <u>X</u>			Voter Registration No. <u>910-336-4967</u>		
			Email <u>VSimm001@yahoo.com</u>		

Absentee Voting Information					
Absentee Mailing Address (Where should the ballot be mailed?) <u>1707 Burnette Ave, Apt 207</u>			City <u>Charlotte</u>		
State <u>N.C.</u>			Zip Code <u>28208</u>		
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)	OR Signature of Near Relative/Legal Guardian (if applicable)
<u>[Redacted]</u>	<u>9/23/18 X</u>
Date	Date

gov to check your voter registration or absentee voting status.

202



State Absentee Ballot Form

North Carolina

SEP 21 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
 Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>EASON</u>	First Name <u>Michael</u>	Middle Name <u>S</u>
Home Address (NC Residential Address.) <u>401 Edwards AVE</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28520</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move: <u>[REDACTED]</u>		Previous Name (if applicable)
Voter Registration No. <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>
Email (optional) <u>[REDACTED]</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>	City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐
- Member of the Uniformed Services or Merchant Marine on active duty and currently
- absent
- from county of residence or an eligible spouse/dependent.
-
- ☐
- U.S. citizen residing outside the U.S. temporarily or indefinitely
-
- Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-20-18
 Date

X

Date

202

Exhibit 4.2.3.1.2

1214 of 2658



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 13 2018

Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>ERSON</u>		First Name <u>Michael</u>		Middle Name <u>S</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>401 Edwards AVN</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>		State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>[REDACTED]</u>		Previous Name (if applicable) <u>[REDACTED]</u>	
If "No," indicate the date of your move: <u>1/1</u>				Voter Registration No. <u>[REDACTED]</u>		Phone <u>[REDACTED]</u>	Email <u>[REDACTED]</u>
You must provide at least one identification number (NC License or ID Number)		SSN <u>[REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u>		Phone <u>[REDACTED]</u>	Email <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>				City <u>[REDACTED]</u>		State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.							
<input type="checkbox"/> Democratic		<input checked="" type="checkbox"/> Republican		<input type="checkbox"/> Libertarian		<input type="checkbox"/> Non-partisan	
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name <u>[REDACTED]</u>				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>[REDACTED]</u>				Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>			
City <u>[REDACTED]</u>		State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>		Requestor's Email <u>[REDACTED]</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Voter (voter only)

OR Signature of Near Relative/Legal Guardian (if applicable)

X 10-2-17

Date

Date

Go to www.bladenco.org to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>MEIKIN</u>	First Name <u>TERA</u>	Middle Name <u>M</u>	State <u>NC</u>	
Home Address (NC Residential Address.) <u>1105 QUAIL ST.</u>		Mailing Address (if different than home address.) <u>SAME</u>		
City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City <u>11</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>ADEM</u>	Previous Name (if applicable)	
If "No," indicate the date of your move:				
You must provide at least one identification number NC License <u>[REDACTED]</u>		Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1105 QUAIL ST.</u>	City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-16-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

8 May 2018
Election Date

Voter Information

Last Name <u>Melvin</u>	First Name <u>Tera</u>	Middle Name <u>Monique</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1105 Quail Street</u>		Mailing Address (If different than home address.) <u>1105 Quail Street</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC ID Card, or Social Security Number) [REDACTED]		Voter Registration No. [REDACTED]	Phone (optional) <u>910-874-1826</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1105 Quail Street</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepparent
		<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
		<input type="checkbox"/> father-in-law	
Requestor's Address	Name of Corporation (If appointed legal guardian) RECEIVED APR 04 2018		
City	State	Zip Code	Requestor's Phone
			Requestor's Email TIME _____ REC'D BY _____ BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-2-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Graham</u>		First Name <u>Thomas</u>		Middle Name <u>Jessro</u>	
Home Address (NC Residential Address.) <u>1054 Kennystore Rd</u>				Mailing Address (If different than home address.)	
City <u>Riegelwood</u>		State <u>NC</u>	Zip Code <u>28456</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>					
You must provide at least one identification number NC License or ID Number		SSN <u>X X</u>	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepparent
		<input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone <u>910.655.4458</u>	Requestor's Email

RECEIVED
OCT 22 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-14-2018 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Graham</u>		First Name <u>Shanna</u>		Middle Name <u>Renee</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>36 Dickson rd.</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>			
City <u>Riegelwood</u>		State <u>NC</u>	Zip Code <u>28456</u>	City <u>[REDACTED]</u>		State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>[REDACTED]</u>				Voter Registration No. <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>	
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>				Email (optional) <u>[REDACTED]</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>		State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>			
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>	

RECEIVED

OCT 15 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
[REDACTED]

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address
[REDACTED]

Signature of Near Relative/Legal Guardian (if applicable)

10/12/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

OCT 04 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Deaver		First Name Virginia		Middle Name L	Suffix [REDACTED]
Home Address (NC Residential Address.) 542 Hickory Grove Ballpark				Mailing Address (If different than home address.)	
City Bladenboro		State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen	
If "No," indicate the date of your move: [REDACTED]				Previous Name (if applicable)	
You must provide at least one identification NC License or ID Number [REDACTED]				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

EXHIBIT 4.2.3.1.2

1220 OF 2050



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

~~Primary~~ General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name DICICCO		First Name CYNTHIA		Middle Name ANN	Suffix [REDACTED]	
Home Address (NC Residential Address.) 7662 NC 242 HWY. S.				Mailing Address (if different than home address.) [REDACTED]		
City BLADENBORO		State NC	Zip Code 28320	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: 1/1/18				County of Residence Bladen		Previous Name (if applicable) [REDACTED]
Voter Registration No. [REDACTED]		Phone (optional) [REDACTED]		Email (optional) [REDACTED]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 7662 NC 242 Hwy S		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: [REDACTED] <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address [REDACTED]		Name of Corporation (if appointed legal guardian) [REDACTED]		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address [REDACTED]	

Sig [REDACTED]	Signature of Near Relative/Guardian (if applicable) X
Date 9/27/18	Date [REDACTED]

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

P15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election*

Voter Information

Last Name Beams		First Name Timothy		Middle Name Roy	
Home Address (NC Residential Address.) 161 Governors Estate Dr				Mailing Address (If different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No.		Phone (optional)
X					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepdaughter	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 15 2018

BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1222 OF 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hilburn</u>		First Name <u>Andrea</u>		Middle Name <u>Benee</u>	
Home Address (NC Residential Address.) <u>425 Ashe St</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>		Voter Registration No. Optional		Phone (optional)	Email (optional)
You must provide at least one identification NC License or ID Number		[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]		[REDACTED]	
Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City		TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	State Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-27-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Hilburn</u>		First Name <u>Andrea</u>		Middle Name <u>Renee</u>	
Home Address (NC Residential Address.) <u>425 South Ash St.</u>				Mailing Address (If different than home address.) <u>33 Sleepy Hollow</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC ID, Driver's License, etc.)			Voter Registration No. Optional		Phone (optional) <u>910 974 1644</u>
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>33 Sleepy Hollow</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	TIME <u>MAR 27 2018</u>	REC'D <u>BLADEN CO. BD. OF ELECTIONS</u>	State	Zip Code
	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-1-18
Date

X
Date

Date

80



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY on 5-
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Hodge</u>		First Name <u>Baytona</u>		Middle Name	
Home Address (NC Residential Address.) <u>8916 Burney Rd.</u>				Mailing Address (If different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? If "No," indicate the date of your move:			County of Residence		
Previous Name (if applicable)			Voter Registration No.		
Phone (optional)			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-13-17 X
Date

Date



State Absentee Ballot Request

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
 101 S Cypress St
 Elizabethtown NC
 28337

Mailing Address
 PO Box 512
 Elizabethtown NC 28337

MAR 13 2018

TIME _____ RECD BY _____
 BLADEN CO. BD. OF ELECTIONS

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Adams		First Name Latoya		Middle Name Shante	Suffix	Date of Birth
Home Address (NC Residential Address.) 11436 NC Hwy 242 S				Mailing Address (if different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code	
Have you lived at this address for more than 30 days? If "No," indicate the date of your move:			County of Residence Bladen	Previous Name (if applicable)		
Voter Registration No. XXXX -			Phone (optional)	Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as Above		City	State	Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/16/18 X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>McGUINNESS II</u>		First Name <u>JAMES</u>		Middle Name <u>PATRICK</u>	
Home Address (NC Residential Address.) <u>306 GOODEN STREET</u>				Mailing Address (If different than home address.) <u>SAME</u>	
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>SAME</u>	State <u>SAME</u>	Zip Code <u>SAME</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		Previous Name (if applicable) <u>N/A</u>
If "No," indicate the date of your move: <u>[REDACTED]</u>					
You must provide at least one identification number: <u>[REDACTED]</u>			Voter Registration No. <u>N/A</u>		Phone (optional) <u>910-800-0185</u>
					Email (optional) <u>N/A</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>306 GOODEN STREET</u>		City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>N/A</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>J.P. McGUINNESS</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> step-parent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>306 GOODEN STREET</u>		Name of Corporation (If appointed legal guardian) <u>N/A</u>		
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910-874-0260</u>	Requestor's Email <u>N/A</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <u>N/A</u>	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

J.P. McGuinness6/19/18

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Smith</u>		First Name <u>George</u>		Middle Name <u>S</u>	
Home Address (NC Residential Address.) <u>1107 Quail St</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

150m 18 X
Date

Date

P-10



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name WEAVER	First Name JEFFANY	Middle Name LEIGH	Suffix [REDACTED]
Home Address (NC Residential Address.) 9072 TWISTED HICKORY RD.		Mailing Address (If different than home address.) [REDACTED]	
City BLADENBORO	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		County of Residence BLADEN	Previous Name (if applicable)
If "No," indicate the date of your move: [REDACTED]			
You must provide at least one identification number NC [REDACTED] X [REDACTED]		Driver Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

CD BY
OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

3-15-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McMILLAN</u>		First Name <u>JOE</u>		Middle Name <u>L</u>		[REDACTED]	
Home Address (NC Residential Address.) <u>107 RASBY SA</u>				Mailing Address (If different than home address.) [REDACTED]			
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>							
You must provide at least one identification number below (see instructions) NC License or ID Number SSN <u>X X X</u>				Voter Registration No.		Phone (optional) <u>862-2161</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)				City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name (First) (Middle) (Last) (Suffix)				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address				Name of Corporation (If appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email	

RECEIVED
OCT 10 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative or guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10/9/18 X
Date

Date

Go to [www.bladenco.org](#) to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election #

Voter Information

Last Name <u>Ms Millian</u>		First Name <u>Joe</u>		Middle Name <u>L.</u>	
Home Address (NC Residential Address.) <u>107 Easy Street</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>N.C</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XX</u>			Registration No.	Phone (optional) <u>910 862-2161</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 20 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1-19-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Howard</u>	First Name <u>La Donna</u>	Middle Name <u>Chanel</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1209 martin luther king Dr</u>		Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number (NC ID, Driver's License, etc.) [REDACTED]		oter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/22/18
Date

X

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name MELVIN	First Name MELISSA	Middle Name COFFIN	Suffix	Date of Birth
Home Address (NC Residential Address.) 372 HAYFIELD ST.		Mailing Address (If different than home address.)		
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Madison	Previous Name (if applicable)	
If "No," indicate the date of your move:		Registration No.	Phone (optional) 876-3667	Email (optional)
You must provide at least one identification NC License or ID Number X				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 372 Hayfield St.		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Voter (must be signed by voter) X	Signature of Near Relative/Guardian (if applicable) X
Date 10/3/18	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Ballard</u>		First Name <u>Benjamin</u>		Middle Name [REDACTED]	
Home Address (NC Residential Address.) <u>504 Quail St</u>				Mailing Address (If different than home address.)	
City <u>504 Quail St Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC ID, Driver's License, etc.) [REDACTED]			Voter Registration No. (Optional)		Phone (optional) / Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

 8-18-18
 Date

X

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2

1254 OF 2000



State Absentee Ballot Request Form

North Carolina

OCT 05 2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name

CHAVIS

First Name

MEAGAN

Middle Name

CECILE

Suffix

Home Address (NC Residential Address.)

40 TEAL RD.

Mailing Address (if different than home address.)

City

ELIZABETHTOWN

State

NC

Zip Code

28337

City

State

Zip Code

Have you lived at this address for more than 30 days?

☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move:

You must provide at least one identification number

NC License or ID Number

SSN

X X

Registration No.

Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently *absent* from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X

Date

Date

to check your voter registration or absentee voting status.

FOR ADDITIONAL INFORMATION



State Absentee Ballot Form

North Carolina

RECEIVED
AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Elect*

Voter Information

Last Name <u>Gill</u>		First Name <u>James</u>		Middle Name	
Home Address (NC Residential Address.) <u>205 E Gill</u>				Mailing Address (If different than home address.) <u>P.O. Box 2652</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-1-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina Exhibit A.23.1.2

Bladen County Board of Elections
P. O. BOX 512 1236 of 2658
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>LEWIS</u>		First Name <u>ANNIE</u>		Middle Name <u>M</u>	Suffix
Home Address (NC Residential Address.) <u>300 Hill St</u>				Mailing Address (if different than home address.)	
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX - [REDACTED]</u>			Voter Registration No.	Phone (optional) <u>247-6024</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10/10/18 X
Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Lewis</u>		First Name <u>ANNIE</u>		Middle Name <u>MARGARET</u>	
Home Address (NC Residential Address.) <u>300 HILL ST</u>				Mailing Address (If different than home address.) <u>300 HILL ST</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XXXX</u> SSN <u>XXXX</u>			Registration No.	Phone (optional) <u>247-6024</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 20 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-17-2018 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Electi

Voter Information

Last Name <u>Mitchell</u>	First Name <u>James</u>	Middle Name <u>H.</u>
Home Address (NC Residential Address.) <u>3371 Cromartie Pk.</u>		Mailing Address (If different than home address.) <u>3371 Cromartie Pk.</u>
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
City <u>Elizabethtown</u>		State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
Previous Name (if applicable)		
If "No," indicate the date of your move:		
You must provide at least one identification number (NC Driver's License, NC ID Card, or Social Security Number)		
Voter Registration No. Optional		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-27-2018 X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

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State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name MITCHELL		First Name JAMES		Middle Name H	Suffix
Home Address (NC Residential Address.) 3371 CROMARTIE RD.				Mailing Address (If different than home address.)	
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification: NC license or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/> Other <input type="checkbox"/>			Registration No. <input type="checkbox"/> Phone (optional) <input type="checkbox"/> Email (optional) <input type="checkbox"/>		

Absentee Mailing Address (Where should the ballot be mailed?) 3371 Cromartie Rd.			City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name (First) (Middle) (Last) (Suffix)			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable)

9/29/2018
Date

X

Date

NCsbe.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>DAVIS</u>		First Name <u>Willie</u>		Middle Name <u>Jean</u>	
Home Address (NC Residential Address.) <u>P.O. Box 96</u>				Mailing Address (If different than home address.) <u>9827 NC Hwy 87W</u>	
City	State	Zip Code	City	State	Zip Code
			<u>Tarheel, N.C. 2</u>	<u>NC</u>	<u>28392</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number			Registration No.	Phone (optional)	Email (optional)
SSN <u>X X X</u>				<u>910-874-4819</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10-20-20 X

Date

Date

Go to [www.bladenco.org](#) to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McLaughlin</u>	First Name <u>Joshua</u>	Middle Name <u>Daniel</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>2530 Old Abbottsburg Rd</u>		Mailing Address (If different than home address.) <u>Po Box 153</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/18</u>		Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Registration No.	Phone (optional)
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>Bladenboro</u>	TIME <u>REC'D BY</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address <u>[REDACTED]</u>	Name of Corporation (if appointed legal guardian)			
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

3/27/18

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Idan</u>	First Name <u>Affon</u>	Middle Name <u>Shaw</u>			
Home Address (NC Residential Address.) <u>3030 Coley Rd</u>					
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number			Voter Registration No.		
SSN			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Cynthia Shaw</u>	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input checked="" type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address <u>3132 Coley Rd</u>	Name of Corporation (If appointed legal guardian)			
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	Requestor's Phone <u>910-876-5473</u>	Requestor's Email <u>na</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) 	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

RECEIVED
MAR 26 2018

Signature of Near Relative/Legal Guardian (if applicable)

X Cynthia Shaw 3-27-18
Date Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

1243 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>McLeod</u>		First Name <u>Judy</u>		Middle Name <u>A</u>	
Home Address (NC Residential Address.) <u>209 Walnut ST Apt 3D</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. <small>Optional</small>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

7-14-18 X

Date

Date



State Absentee Ballot Request

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

MAR 13 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name <u>McLeod</u>		First Name <u>Judy</u>		Middle Name <u>A.</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>209 Walnut St.</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
[REDACTED] tion number below. (or see instructions)		Voter Registration No.		Phone (optional)	Email (optional)
[REDACTED] X X X - X X [REDACTED]		[REDACTED]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-10-17 X
Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
LONG	JENNIE	ANN		
Home Address (NC Residential Address)		Mailing Address (if different than home address.)		
9760 NC 242 HWY. S.				
City	State	Zip Code	City	State
BLADENBORO	NC	28320		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: _____		Bladen		
You must provide at least one identification _____		Previous Name (if applicable)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
9760 Hwy 242 S.		Bladenboro	NC	28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> son-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
		OCT 17 2018		
City	State	Zip Code	Requestor's Phone	Requestor's Email
				REC'D BY BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)
10.11.18 X
Date

www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

Address change
1246 of 2658

State Absentee Ballot Request Form

North Carolina
BLADEN COUNTYTO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Tolan</u>		First Name <u>Keith</u>		Middle Name <u>Hall</u>	
Home Address (NC Residential Address.) <u>3030 Coley Rd</u>				Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No.	Phone (optional)	Email (optional)
X X					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>3030 Coley Rd</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Cynthia Shaw</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input checked="" type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>3132 Coley Rd</u>		Name of Corporation (if appointed legal guardian)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	Requestor's Phone <u>910-876-5413</u>	Requestor's Email <u>Na</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

RECEIVED

MAY 9 2018

Signature of Near Relative/Legal Guardian (if applicable)

X

Cynthia Shaw

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOV 6TH, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name RUFFIN		First Name CHRISTOPHER		Middle Name BART		Suffix [REDACTED]	
Home Address (NC Residential Address.) 982 BLADENBORO AIRPORT RD.				Mailing Address (if different than home address.) P.O. BOX 732			
City BLADENBORO		State NC	Zip Code 28320	City BLADENBORO		State NC	Zip Code 28320
Have you lived at this address for more than If "No," indicate the date of your move:		County of Residence BLADEN		Previous Name (if applicable) N/A			
You must provide at least one identification SSN [REDACTED] X		Voter Registration No. [REDACTED]		Phone (optional) (910) 991-5305		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 37 NORTHKOTE AVE.		City TORONTO		State ON	Zip Code M6J 3K2
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

RECEIVED
OCT 25 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative or guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input checked="" type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

12/25/18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 6 2010

 TIME _____ REC'D BY _____
 BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>McKoy</u>		First Name <u>Jason</u>		Middle Name [REDACTED]	
Home Address (NC Residential Address.) <u>3395 Cromartie Rd</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move: [REDACTED]			Voter Registration No. Optional		Phone (optional)
You must provide at least one identification number NCLID: [REDACTED] X			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8/27/10
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Beams</u>		First Name <u>Lena</u>		Middle Name <u>Louise</u>	
Home Address (NC Residential Address.) <u>61 Governors Est Dr</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. <i>Optional</i>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother-in-law <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> nephew <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Clifton</u>		First Name <u>Rachel</u>		Middle Name <u>Lynne</u>	
Home Address (NC Residential Address.) <u>435 Hayfield St.</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence	
If "No," indicate the date of your move: _____				Previous Name (if applicable)	
You must provide at least one identification document: _____				Voter Registration No. Optional	Phone (optional)
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-14-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

1251 of 2658

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on May 8th, 18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Spencer</u>	First Name <u>JAMES</u>	Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>43 Stonewall DR</u>		Mailing Address (If different than home address.) <u>P.O. Box 578</u>		
City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>	City <u>Dublin</u>	State <u>NC</u> Zip Code <u>28332</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No. <u>RECEIVED</u>		
NC License or ID Number <u>XXX - XX</u>		APR 03 2018		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 578</u>		City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

3/31/18
Date

X

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McDuffie</u>		First Name <u>Wanda</u>		Middle Name <u>McLean</u>	
Home Address (NC Residential Address.) <u>808 Flake Road</u>				Mailing Address (If different than home address.)	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (If applicable) RECEIVED APR 11 2018		
You must provide at least one Identification number NC License or ID Number <u>X</u> SSN <u>X</u>		Voter Registration No.		Phone (optional) TIME <u>BLADEN CO.</u>	Email (optional) REC'D BY <u>BD. OF ELECTIONS</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-11-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McDuffie</u>		First Name <u>Jerry</u>		Middle Name <u>Rudolph</u>	
Home Address (NC Residential Address.) <u>808 Flake Road</u>				Mailing Address (if different than home address.)	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable) RECEIVED APR 11 2013	
If "No," indicate the date of your move: <u>1-1-</u>			Ter Registration No.	Phone (optional) <u>BLADEN CO. BD. OF ELECTIONS</u>	Email (optional) <u>RECD BY</u>
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Wanda S. McLean McDuffie</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>808 Flake Road</u>		Name of Corporation (if appointed legal guardian)		
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	Requestor's Phone <u>910-669-3069</u>	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Wanda S. McLean McDuffie 4-11-18
Date Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name DUDLEY		First Name ROSEVEIT		Middle Name S	
Home Address (NC Residential Address.) 1009 MOUTRIE LANE				Mailing Address (if different than home address.) SAME	
City ELIZABETHTOWN	State N.C.	Zip Code 28337	City SAME	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License [REDACTED]			Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1009 MOUTRIE LANE		City ELIZABETHTOWN	State N.C.	Zip Code 28337
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-18-2018 X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2

1255 of 2658



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General

on

11/6/18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
PETITT	ANDREW	EDWARD	
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)	
12849 NC 131 HWY.			
City	State	Zip Code	City
BLADENBORO	NC	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
12849 NC 131 HWY		BLADENBORO	NC	28320
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature	Signature of Near Relative/Guardian (if applicable)
X	X
Date	Date
9/29/18	

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Druzak</u>		First Name <u>Cynthia</u>		Middle Name	
Home Address (NC Residential Address.) <u>273 Holly St</u>				Mailing Address (If different than home address.)	
City <u>Tarheel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 207</u>		City <u>Tarheel</u>	State <u>NC</u>	Zip Code <u>28392</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1-5-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

757

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Edge</u>		First Name <u>Marcus</u>		Middle Name <u>Wayne</u>		Suffix [REDACTED]	
Home Address (NC Residential Address.) <u>33 Morganwood Estates</u>				Mailing Address (If different than home address.) <u>33 Morganwood Estates</u>			
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]				Driver Registration No. Optional		Phone (optional)	
You must provide at least one identification number NC LI [REDACTED] X				Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>33 Morganwood Estates</u>		City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/4/18 X

Date

Date

**State Absentee Ballot Request Form**
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
<u>McLauchlin</u>	<u>NEQUAWNTIA</u>	<u>M</u>	
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)	
<u>210 Fourth St</u>			
City	State	Zip Code	
<u>Dublin</u>	<u>N.C.</u>	<u>28332</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1-1-</u>			
You must provide at least one identification number (SSN, Driver's License, etc.)		Registration No.	Phone (optional)
<u>[Redacted]</u>			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
<u>P.O. Box 572</u>		<u>Dublin</u>	<u>N.C.</u>	<u>28332</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

05-17-18
Date

Date



State Absentee Ballot Request Form

North Carolina

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Ponke</u>		First Name <u>Arkeivia</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>70 Hayes mckoy Rd.</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u>		SSN <u>[REDACTED]</u>	Voter Registration No. Optional <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>

RECEIVED
OCT 02 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>[REDACTED]</u>

3 Signature of Near Relative/Legal Guardian (if applicable)

8-12-18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1260 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>BANNER</u>		First Name <u>ROBERT</u>		Middle Name <u>C</u>	
Home Address (NC Residential Address.) <u>310 N Main</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable)		
[REDACTED]			Voter Registration No. (Optional)		
[REDACTED]			Phone (optional)		
[REDACTED]			Email (optional)		

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1064</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/29/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 13 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS
910-862-6951
elections@bladenco.org

BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
201 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Deaver</u>	First Name <u>Randy</u>	Middle Name <u>L</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>12006 N.C. 211</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move:				
You must provide at least one identification number (NC ID, Driver's License, etc.) [REDACTED] X		Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

-4-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Other Information

Last Name <u>STARKLOFF</u>		First Name <u>CAROL</u>		Middle Name <u>DIANE</u>		Suffix [REDACTED]	
Home Address (NC Residential Address.) <u>2206 1ST AVE.</u>				Mailing Address (if different than home address.) [REDACTED]			
City <u>ELIZABETHTOWN</u>		State <u>NC</u>	Zip Code <u>28337</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>							
You must provide at least one identification number NC License or ID Number SSN <u>X X X</u>				Registration No.		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2206 1ST AVE.</u>		City <u>ELIZABETHTOWN</u>		State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

8/16/18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512 1263 of 2658
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jacobs</u>		First Name <u>Felix</u>		Middle Name <u>Ray</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>50 Deerwood Drive</u>				Mailing Address (if different than home address.) <u>"Same"</u>			
City <u>Council</u>		State <u>NC</u>	Zip Code <u>28434</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>							
You must provide at least one identification number below. (or see instructions)				Voter Registration No.		Phone (optional)	
NC License or ID Number		SSN <u>X X X - X X</u>		[REDACTED]		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>"Same"</u>		City		State	Zip Code
RECEIVED OCT 19 2018					
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No TIME <u> </u> REC'D BY <u> </u> BLADEN CO. BD. OF ELECTIONS					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>Christina Young Jacobs</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>50 Deerwood Drive</u>		Name of Corporation (if appointed legal guardian)			
City <u>Council</u>		State <u>NC</u>	Zip Code <u>28434</u>	Requestor's Phone <u>910-812-1759</u>	Requestor's Email <u>christina.jacobs32@yahoo.com</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address	

Signature of Voter (voter only) <u>X</u>		Signature of Relative/Near Guardian (if applicable) <u>X Christina Jacobs</u>	
Date		Date <u>10/19/18</u>	

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 19 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Baldwin</u>		First Name <u>Dennisha</u>		Middle Name <u>Vivette</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>240 Todd Britt Ct</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			Previous Name (if applicable)		
Voter Registration No. [REDACTED] X X - X X [REDACTED]			Voter Registration No. [REDACTED] Optional		
Phone (optional)			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a <i>partisan</i> primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-18-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 13 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME REC'D BY PHONE: 910-862-6951
BLADEN CO. BD. OF ELECTIONS elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>MINTZ</u>	First Name <u>Linda</u>	Middle Name <u>H</u>
Home Address (NC Residential Address.) <u>188 Lewis Pocket Rd</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number (NC Driver's License, State ID, etc.)		Phone (optional)
Registration No. Optional		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>	City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-27-18 X

Date

Date



Exhibit 2.3.1.2

1266 of 2658

State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5/8/18
Election Date

Voter Information

Last Name Monroe	First Name Brittany	Middle Name Lynn	Suffix
Home Address (NC Residential Address.) 119 Mill St		Mailing Address (If different than home address.)	
City Tarheel	State NC	Zip Code 28334	City State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: 1-1		Registration No.	Phone (optional) Email (optional)
You must provide at least one identification number: SSN X X			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-23-18 X

Date

Date

E.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2010

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Blanks</u>		First Name <u>Sharon</u>		Middle Name <u>B</u>	
Home Address (NC Residential Address.) <u>219 Gaston Dr</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-3-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Jackson</u>		First Name <u>William</u>		Middle Name <u>Alan</u>	
Home Address (NC Residential Address.) <u>3951 N Mitchell Ford Rd</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification NC License or ID Number				Voter Registration No. (Optional) Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Denette B Jackson</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>3951 N. Mitchell Ford Rd</u>		Name of Corporation (if appointed legal guardian)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	Requestor's Phone <u>910 876 2108</u>	Requestor's Email <u>Jacksonsturf@yahoo.com</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Denette B Jackson 8/14/18
Date Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1269 OF 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Long</u>		First Name <u>HPuey</u>		Middle Name <u>Earl</u>	
Home Address (NC Residential Address.) <u>459 Evers Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)	
You must provide at least one identification NC License or ID Number		Voter Registration No. Optional		Phone (optional)	Email (optional)

RECEIVED

OCT 04 2018

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-26-18

Date

X

Date



Exhibit 4.2.3.1.2

1270 of 2658

State Absentee Ballot Request Form
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

CL

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary 5/8/18

on

5/8/18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>LONG</u>		First Name <u>Huey</u>		Middle Name	Suff
Home Address (NC Residential Address.) <u>459 Evers Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one identification number NC License or ID Number		SSN	Registration No.	Phone (optional)	Email (optional)
<u>X X</u>				<u>(910) 885-5058</u>	

Absentee Mailing Address (Where should the ballot be mailed?)

SAME

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.☐ Democratic☒ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse☐ brother/sister☐ parent☐ grandparent☐ stepparent☐ child☐ grandchild☐ stepchild☐ mother-in-law☐ father-in-law☐ son-in-law☐ daughter-in-law☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-22-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Lewis</u>		First Name <u>Cleo</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>1204 Lewis St</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>[REDACTED]</u>				Previous Name (if applicable) <u>[REDACTED]</u>	
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>				Voter Registration No. <u>[REDACTED]</u> Optional	
				Phone (optional) <u>[REDACTED]</u>	
				Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Near Relative/Legal Guardian (if applicable)

7-13-18 X
 Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME REC'D BY PHONE: 910-862-6951
BLADEN CO. BD OF ELECTIONS elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Babson</u>	First Name <u>Jennifer</u>	Middle Name <u>Lynn</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>214 Elizabethtown Rd</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC ID Card, or Social Security Number)		Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1034</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1.13.18
Date

X

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on 1 NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name MCDUFFIE		First Name LACY		Middle Name FARRELL	Suffix [REDACTED]
Home Address (NC Residential Address.) 278 LIVE OAK METH CHR RD.				Mailing Address (If different than home address.)	
City WHITE OAK		State NC	Zip Code 28399	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence BLADEN	Previous Name (if applicable)
If "No," indicate the date of your move: 1 / 1					
Identification SSN X		Registration No. [REDACTED]		Phone (optional)	Email (optional)

Absentee Mailing Address (where should the ballot be mailed?) 278 LIVE OAK METHODIST CHURCH RD.		City WHITE OAK	State N.C.	Zip Code 28399
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	
Current Address (Address where you are currently stationed or living overseas.)		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
		Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable)

X

Date

your voter registration or absentee voting status.

E FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Elect*

Voter Information

Last Name <u>M^C GUINNESS</u>		First Name <u>KELLY</u>		Middle Name <u>MARIE</u>	
Home Address (NC Residential Address.) <u>306 GOODEN STREET</u>				Mailing Address (If different than home address.) <u>SAME</u>	
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>SAME</u>	State <u>SAME</u>	Zip Code <u>SAME</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move:			Previous Name (if applicable) <u>N/A</u>		
You must provide at least one identification number (NC Driver's License, State ID, etc.)			Voter Registration No. (Optional) <u>N/A</u>		
			Phone (optional) <u>910-549-9876</u>		
			Email (optional) <u>N/A</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>306 GOODEN STREET</u>		City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>J.P. M^C GUINNESS</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>306 GOODEN STREET</u>		Name of Corporation (If appointed legal guardian) <u>N/A</u>		
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910-874-0260</u>	Requestor's Email <u>N/A</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <u>N/A</u>	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

J.P. M^C Guinness

6/11/12

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Purdie</u>		First Name <u>Andrey</u>		Middle Name	
Home Address (NC Residential Address.) <u>157 Lewis DR</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>Y X</u>			Phone (optional) <u>RECEIVED APR 20 2018</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/19/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

276-67-2658
P15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Riggins</u>		First Name <u>Clayton</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>1668 Twisted Hickory</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1-</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>X</u>		Voter Registration No. <u>Optional</u>		Phone (optional)	
				Email (optional)	

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
<div style="display: inline-block; border: 1px solid black; padding: 5px;"> RECEIVED OCT 15 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS </div>				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-1-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>WALLER</u>	First Name <u>Ruby</u>	Middle Name <u>WILLIAMS</u>	[Redacted]		
Home Address (NC Residential Address.) <u>620 McLeod St Apt 10F</u>			Mailing Address (if different than home address.) [Redacted]		
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below (see instructions). NC License or ID Number <u>XXX</u>			Voter Registration No.	Phone (optional) <u>247-6288</u>	Email (optional)

Absentee

Absentee Mailing Address (where should the ballot be mailed?) [Redacted]			City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name (First) (Middle) (Last) (Suffix)			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

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OCT 10 2018
TIME REC'D BY
BLADEN CO. RD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative or guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) <u>X</u>	Signature of Relative/Near Guardian (if applicable) <u>10/9/2018 X</u>
Date	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>WALLER</u>		First Name <u>RUBY</u>		Middle Name <u>WILLIAMS</u>	
Home Address (NC Residential Address.) <u>620 MILEAD ST APT 10F</u>				Mailing Address (If different than home address.)	
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XX</u> SSN <u>XX</u>			Registration No.	Phone (optional) <u>910 247-6288</u>	Email (optional) <u></u>

Absentee voting information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

RECEIVED

APR 20 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/19/2018
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jessup</u>		First Name <u>RobKisia</u>		Middle Name <u>Que'yan</u>	
Home Address (NC Residential Address.) <u>1416 River Rd</u>				Mailing Address (if different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

8-23-2018 Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337
1280 of 2658
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on MAY 8th, 18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jessup</u>		First Name <u>Robkisia</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>690 Center Rd</u>				Mailing Address (If different than home address.) <u>SAME</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1</u>			Voter Registration No.		Phone (optional)	Email (optional)
You must provide at least one identification number below. (or see instructions)			RECEIVED APR 03 2018			
NC License or ID Number <u>XXX-XX-</u>						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

Date

NORTH CAROLINA VOTER REGISTRATION APPLICATION

Please use black ink and print legibly.

1	Are you a citizen of the United States of America? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Will you be at least 18 years of age on or before election day? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	IF YOU CHECKED "NO" IN RESPONSE TO THIS QUESTION, DO NOT SUBMIT THIS FORM.	Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		IF YOU CHECKED "NO" IN RESPONSE TO BOTH OF THESE QUESTIONS, DO NOT SUBMIT THIS FORM.

2	Last Name (Required) JESSUP	3	Date of Birth MMDDYYYY (Required) [REDACTED]	State of Birth/Country of Birth [REDACTED]
	First Name (Required) ROBERTA		If you know your NC Voter Registration Number, enter it below. [REDACTED]	
	Middle Name (Required) QUEEN		If you have a NC drivers license or non-operators ID card, enter the number below. [REDACTED]	
	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V		<input type="checkbox"/> Check here if you do not have a NC drivers license, ID card, or a SSN.	

RESIDENTIAL ADDRESS INFORMATION - No P.O. Boxes or Rural Routes

4	Street Address where you live (Required) 690 CENTER RD	Apartment, Lot, or Unit Number [REDACTED]
	City (Required) ELIZABETH TOWN	State Zip Code NC 28737
	County BLADEN	Phone (Optional) [REDACTED]
	Have you lived here for 30 days or more? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If "No," date moved? MMDDYYYY [REDACTED]

MAILING ADDRESS

5	Mailing Address (If you do not receive mail at your residential address) SAME
	Mailing Address Line 2 [REDACTED]
	City [REDACTED]
	State Zip Code [REDACTED]

MAP/DIAGRAM If you do not have a map of your address, draw a map of where you live, showing streets, landmarks, and landmarks.

RECEIVED

APR 03 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

6	GENDER	RACE	ETHNICITY	POLITICAL PARTY AFFILIATION
	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	<input checked="" type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Multiracial <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic/Latino <input checked="" type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Democrat <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Unaffiliated <input type="checkbox"/> Other _____

If you indicate a political party that is not currently qualified, or you do not indicate a choice, you will be listed as "Unaffiliated."

PREVIOUS VOTER REGISTRATION (This information will be used to cancel your previous voter registration in another county or state.)

7	Last Name used in Previous Registration [REDACTED]	First Name used in Previous Registration [REDACTED]
	Previous Address [REDACTED]	Previous County [REDACTED]
	Previous City [REDACTED]	Previous State [REDACTED]
		Previous Zip Code [REDACTED]

I attest, under penalty of perjury, that in addition to having read and understood the contents of this form, that:

- I am a United States citizen, as indicated above;
- I am at least 18 years of age, or will be by the date of the general election; or I am at least 16 years old and understand that I must be at least 18 years old on election day of the general election to vote;
- I shall have been a resident of North Carolina, this county, and precinct for 30 days before the election in which I intend to vote;
- I will not vote in any other county or state after submission of this form and if I am registered elsewhere, I am canceling that registration at this time; and
- I have not been convicted of a felony, or if I have, I have completed my sentence, including any probation or parole.

Fraudulently or falsely completing this form is a Class I Felony under Chapter 163 of the NC General Statutes.

3-31-18



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Murchison</u>		First Name <u>Victoria</u>		Middle Name <u>Ann</u>	
Home Address (NC Residential Address.) <u>53 Twin Drive</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. (Optional) <u>[REDACTED]</u>		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)


Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-14-18 X

Date

Date

	State Absentee Ballot Request Form North Carolina		NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov	

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Rogers-Williams</u>		First Name <u>Linda</u>		Middle Name	
Home Address (NC Residential Address.) <u>306 Cedar St</u>			Mailing Address (If different than home address.) <u>P.O. Box 813</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable)		
You must provide at least one identification:		Voter Registration No.		Phone (optional)	
NC License or ID Number		SSN		Email (optional)	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			

Absentee Mailing Address (Where should the ballot be mailed?)		City		Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.					
<input checked="" type="checkbox"/> Democratic		<input type="checkbox"/> Republican		<input type="checkbox"/> Libertarian	
				<input type="checkbox"/> Non-partisan	
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance to vote.					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	(Military/Overseas Voters Only)
	Fax Number or Email Address

Signature of Voter (if applicable)	Signature of Near Relative/Guardian (if applicable)
	<u>16-9-18</u>
	<u>X</u>
	Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Williams</u>		First Name		Middle Name		Suffix	
Home Address (NC Residential Address.) <u>306 Cedar St</u>				Mailing Address (If different than home address.)			
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move:				Registration No. Optional		Phone (optional)	
You must provide at least one identification number NC License or ID Number		SSN <u>X X X</u>		Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 05 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Bryan</u>		First Name <u>Francis</u>		Middle Name <u>Renee</u>	
Home Address (NC Residential Address.) <u>1902 Horseshoe Rd.</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional) <u>[REDACTED]</u>
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	TIME <u>11:15</u> READ BY BLADEN CO. CL. OF ELECTIONS	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-26-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Electi*

Voter Information

Last Name <u>Baxley</u>		First Name <u>Tammie</u>		Middle Name <u>Oleny</u>	
Home Address (NC Residential Address.) <u>141 BCM Road</u>				Mailing Address (if different than home address.)	
City <u>White Oak</u>	State <u>N.C.</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification number (NCL) <input checked="" type="checkbox"/>			Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/25/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Melvin</u>		First Name <u>Shewana</u>		Middle Name <u>S</u>
Home Address (NC Residential Address.) <u>1105 Quail Street</u>				Mailing Address (if different than home address.) <u>Same</u>
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u> Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move:				
You must provide at least one identification number (NC License, Driver's License, or other government-issued photo ID)			Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1105 Quail Street</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-16-2018 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Name elura		First Name Shewana		Middle Name [REDACTED]	
Address (NC Residential Address.) 1105 Quail Street				Mailing Address (If different than home address.) 1105 Quail Street	
City Elizabethtown	State NC	Zip Code 28337	City Elizabethtown	State NC	Zip Code 28337
Have you lived at this address for more than 30 days? If "No," indicate the date of your move: _____			County of Residence Bladen		
Previous Name (if applicable) [REDACTED]			Voter Registration No. [REDACTED]		
Phone (optional) 910-258-8333			Email (optional) [REDACTED]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1105 Quail Street		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> son-in-law	<input type="checkbox"/> brother/sister <input type="checkbox"/> grandchild <input type="checkbox"/> daughter-in-law	<input type="checkbox"/> parent <input type="checkbox"/> stepchild <input type="checkbox"/> legal guardian	<input type="checkbox"/> grandparent <input type="checkbox"/> mother-in-law <input type="checkbox"/> stepparent <input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation or appointed legal guardian BLADEN CO. BD. OF ELECTIONS		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/2/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 1289 of 2658

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Clark</u>		First Name <u>Joseph</u>		Middle Name	
Home Address (NC Residential Address.) <u>702 E. Board St</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number: <u>[REDACTED]</u> SSN: <u>[REDACTED]</u>			Voter Registration No. Optional		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
 APR 10 2018

TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/9/18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 13 2018

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

202

TIME REC'D BY

BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cain</u>		First Name <u>Marie</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>322 Sunset Park Road</u>				Mailing Address (If different than home address.) <u>Same</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX</u>			Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be sent) <u>Same as above</u>				State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

1-3-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 51291 of 2658
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Lewis	First Name Nakkia	Middle Name Chanell	Suffix [REDACTED]
Home Address (NC Residential Address.) 21 Blue Moon Dr		Mailing Address (If different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	City [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No NC		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: _____		Voter Registration No. Optional	Phone (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X X - X X - [REDACTED]		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sign [REDACTED] Signature of Near Relative/Legal Guardian (if applicable)
X 9-30-18 X
Date Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>CHAMBERS</u>		First Name <u>HORACE</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>1009 MOULTRIE LANE</u>				Mailing Address (If different than home address.) <u>SAME</u>	
City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City <u>SAME</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number NC Lisc <u>[REDACTED]</u>			Registration No. Optional <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>
			Email (optional) <u>[REDACTED]</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1009 MOULTRIE LANE</u>		City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
[REDACTED]

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address
[REDACTED]

Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED]

8-21-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

OCT 05 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Baxley</u>		First Name <u>Edna</u>		Middle Name <u>Mae</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>141- BCM Road</u>				Mailing Address (If different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]					
You must provide at least one identification number NCLIC [REDACTED] X		Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/25/18 X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name KULP	First Name LOUISE	Middle Name ANN	Suffix	Date of Birth
Home Address (NC Residential Address.) 16 RUSKIN RD.			Mailing Address (If different than home address.)	
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN	
If "No," indicate the date of your move:			Previous Name (if applicable)	
You must provide at least one identification NC License or ID Number SSN			Registration No. 4301	Phone (optional) 910-866-4301
			Email (optional) 6Kulp@intrstar.net	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 16 RUSKIN RD		City ELIZABETHTOWN	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		Name of Corporation (if appointed legal guardian) OCT 17 2018		
City	State	Zip Code	Requestor's Phone	Requestor's Email
			BLADEN CO. BD. OF ELECTIONS	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (if applicable)	Signature of Near Relative/Guardian (if applicable)
X	X
Date	Date
10/6/18	

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

SEP 21 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election**Voter Information**

Last Name <u>EASON</u>		First Name <u>Christopher</u>		Middle Name <u>D</u>	
Home Address (NC Residential Address.) <u>401 Edwards AVE</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

6 13 18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 13 2018

Bladen County Board of Elections
Box 512
Elizabethtown, NC 28337

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>ERSON</u>	First Name <u>Chris</u>	Middle Name <u>D</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>401 Edwards AVE</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number (see instructions) NC License or ID Number <u>SSN</u> <u>X X</u>		Voter Registration No.	Phone
			Email

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

OR Signature of Near Relative/Legal Guardian (if applicable)

10/2/17 X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cherry</u>		First Name <u>Shirley</u>		Middle Name <u>C</u>	
Home Address (NC Residential Address.) <u>820 Moultrie LN</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below (or see instructions). NC License or ID Number SSN <u>XXX</u>			Voter Registration No.	Phone (optional) <u>645-6037</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 10 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10-9-18X
Date

Date

How to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Cherry</u>		First Name <u>Shirley</u>		Middle Name <u>C.</u>	
Home Address (NC Residential Address.) <u>820 moultrie Lane</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>N.C</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XX</u>			Registration No.	Phone (optional) <u>910-645-6037</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

RECEIVED

APR 20 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-19-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>MONROE</u>		First Name <u>ANNIE</u>		Middle Name <u>L</u>		
Home Address (NC Residential Address.) <u>69 Clyde Hatchard Rd</u>				Mailing Address (If different than home address.)		
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number below (see instructions). NC License or ID Number <u>XX</u>			Voter Registration No.	Phone (optional) <u>910-234-1209</u>	Email (optional)	

Absentee

Absentee Mailing Address (where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 10 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

X 10-9-18 X
Date Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>MONROE</u>	First Name <u>ANNIE</u>	Middle Name <u>L</u>	[Redacted]		
Home Address (NC Residential Address.) <u>69 Clyde Hatchard Rd</u>			Mailing Address (if different than home address.) [Redacted]		
City <u>Counce, NC</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1-1-1</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number SSN <u>X X X</u>			Registration No.	Phone (optional) <u>910 234-1209</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

RECEIVED
APR 25 2018

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

4-24-18

Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS
1301 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Stephens</u>		First Name <u>William</u>		Middle Name <u>A</u>	
Home Address (NC Residential Address.) <u>700 Chestnut</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/1</u>		Voter Registration No. Optional		Phone (optional)	Email (optional)
You must provide at least one identification number below (see instructions). NC License or ID Number					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary affiliation: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
TIME REC'D BY _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cromartie</u>	First Name <u>Gertrude</u>	Middle Name <u>DAVIS</u>	[REDACTED]		
Home Address (NC Residential Address.) <u>1351 Gibson Dairy Road</u>			Mailing Address (If different than home address.) [REDACTED]		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below (see instructions) NC License or ID Number SSN <u>X X X</u>			Voter Registration No.		
			Phone (optional) <u>910 645-4031</u>		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>Mary Graham</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>1351 Gibson Dairy Rd</u>		Name of Corporation (If appointed legal guardian)			
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone	Requestor's Email	
<div style="text-align: right;"> RECEIVED OCT 15 2018 TIME _____ REC'D BY _____ BLADEN CO. BD. OF ELECTIONS </div>					

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable)

X Mary Graham 10-15-18
Date

Go to [www.bladenco.org](#) to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Midterm Election on November 6th
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Mote</u>		First Name <u>Jonathan</u>		Middle Name <u>Edward</u>	
Home Address (NC Residential Address.) <u>1004 Storms rd</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28326</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number <u>X</u> SSN <u>[REDACTED]</u>				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>207 Westwood Pl</u>				City <u>Asheville</u>	State <u>NC</u>	Zip Code <u>28806</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation or appointed legal guardian <u>OCT 27</u>				
City	State	Zip Code	Requestor's Phone <u>BLADEN CO. BOARD OF ELECTIONS</u>		Requestor's Email <u>OCT 22 2018</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sign: <u>X</u>	Signature of Near Relative/Guardian (if applicable) <u>10-17-18 X</u>
Date	Date

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2

1004 of 2000



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
BALLARD	CAROLYN	M	
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)	
266 SHORT HILL RD.			
City	State	Zip Code	City
TAR HEEL	NC	28392	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: / /		Previous Name (if applicable)	
You must provide at least one identification		Registration No.	Phone (optional)
NC License or ID Number	SSN	Optional	Email (optional)
	X		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
266 Short Hills Rd.		Tarheel	NC	28392
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 01 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
(Military/Overseas Voters Only)	
Fax Number or Email Address	

Signature	Signature of Near Relative/Guardian (if applicable)
X	X Donald Ballard
Date	Date
10-1-18	10-1-18

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2

1305 of 20



State Absentee Ballot Request Form North Carolina

OCT 05 2016

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name WILLIS		First Name AGNES		Middle Name SANDERS		Suffix	
Home Address (NC Residential Address.) PO BOX 237				Mailing Address (if different than home address.)			
City ELIZABETHTOWN		State NC	Zip Code 28337	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: _____							
You must provide at least one identification NC license or ID Number				Voter Registration No. Optional		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable)

9-28-18
Date

X

Date

SBCE.gov to check your voter registration or absentee voting status.

SEE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election on Nov 6, 2018.
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name OLLENNU	First Name HEATHER	Middle Name RENEE	Suffix [REDACTED]
Home Address (NC Residential Address.) 120 MILL ST.		Mailing Address (If different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City Bladenboro
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable) Baldwin
If "No," indicate the date of your move: [REDACTED]		Voter Registration No. [REDACTED]	Phone (optional) [REDACTED]
You must provide at least one identification NC License or ID Number [REDACTED]		Email (optional) [REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 120 Mill Street	City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name [REDACTED]	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	Name of Corporation (if appointed legal guardian)		
Requestor's Address [REDACTED]	Requestor's Phone [REDACTED]		
City BLADENBORO	State NC	Zip Code 28320	Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address [REDACTED]

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

10-18-18
Date

X
Date

NCSBE.gov to check your voter registration or absentee voting status.

FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Election 307 of 2658

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Cromartie</u>		First Name <u>Tabitha</u>		Middle Name <u>M</u>	
Home Address (NC Residential Address.) <u>2934 Mercer Mill Rd</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move:			Voter Registration No. Optional		Phone (optional)
You must provide at least one identification number (NC License or ID Number, SSN, etc.)			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 30 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/30/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

366
 4082

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>MA/colm</u>	First Name <u>Terri</u>	Middle Name <u>L</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>3937 Burney Rd</u>		Mailing Address (If different than home address.)		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (If applicable)		
You NC License Number below. (or see instructions) <u>XX - XX</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)
		<p>RECEIVED APR 12 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS</p>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother /sister	<input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/30/18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

OCT 05 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1309 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Tatum</u>	First Name <u>Stephanie</u>	Middle Name <u>L</u>
Home Address (NC Residential Address.) <u>3242 Burey Rd</u>		Mailing Address (If different than home address.)
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification: NC License or ID Number <u>[REDACTED]</u> <input checked="" type="checkbox"/> SSN <u>[REDACTED]</u> <input type="checkbox"/>		Voter Registration No. Optional
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-23-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: Bladen County Board of Elections 1310 of 2658

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Grate</u>	First Name <u>DON</u>	Middle Name <u>E</u>
Home Address (NC Residential Address.) <u>416 E Swamy St Apt B</u>		Mailing Address (If different than home address.)
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number (SSN, Driver's License, etc.) <u>XXXX</u>		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother /sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 10 2018

TIME REC'D BY

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

Sign <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>7-13-18</u>	Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Weldon</u>	First Name <u>Shirl</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>10759 College St Apt 1-A</u>		Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move:			
You must provide at least one identification number (NC Driver's License, NC ID Card, or Social Security Number)		Voter Registration No. (Optional)	Phone (optional) Email (optional)

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>above</u>	City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-14-18 X

Date

Date



State Absentee Request Form

North Carolina

OCT 03 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Taylor</u>		First Name <u>Ivy</u>		Middle Name	
Home Address (NC Residential Address.) <u>855 Hickory Grove Bullpark Rd.</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's ID Number, etc.)			Voter Registration No. (Optional)		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-15-18 X

Date

Date

15



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Taylor</u>		First Name <u>Ivy</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>855 Hickory Grove Ballpark Rd.</u>				Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>[Redacted]</u>						
You must provide at least one identification number (NCL) <u>[Redacted]</u> X			Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
[Redacted] X 12-30-17 X
Date Date



State Absentee Ballot Request

North Carolina

TO: Bladen County Board of Elections

Physical Address

01 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

MAR 13 2018

TIME _____ REC'D BY _____ PHONE: 910-862-6951
 BLADEN CO. BD. OF ELECTIONS

FAX: 910-862-7820

Email: elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Rouse</u>		First Name <u>Lisa</u>		Middle Name <u>Marie</u>	Suffix [Redacted]
Home Address (NC Residential Address.) <u>303 Pecan St. Apt. 6B</u>				Mailing Address (If different than home address.) [Redacted]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			Previous Name (if applicable)		
Voter Registration No. <u> </u> X X - X X <u> </u>			Phone (optional)		
Email (optional)			[Redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a <i>primary</i> ballot preference, choose a <i>primary</i> ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [Redacted]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-11-18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Purdie</u>		First Name <u>Angela</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>459 Burden Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Tarheel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u>		SSN <u>[REDACTED]</u>	Voter Registration No. <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>
			Email (optional) <u>[REDACTED]</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> child <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (If appointed legal guardian) <u>BLADEN CO. BO. OF ELECTIONS</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>[REDACTED]</u>

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Day

Voter Information

Last Name <u>Purdie</u>		First Name <u>Angela</u>		Middle Name <u>Renee</u>	
Home Address (NC Residential Address.) <u>459 Burden Rd</u>				Mailing Address (If different than home address.)	
City <u>Tar Heel</u>	State	Zip Code <u>28382</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN	Registration No. Optional	Phone (optional)	Email (optional)

Absentee voting information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
 OCT 05 2018

TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



Exhibit 4.2.3.1.2

1318 of 2658

State Absentee Ballot Request Form
North Carolina

TO: Bladen County Board of Elections

512

Elizabethtown NC 28337

262

MAR 13 2018

NE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

RECD BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-2018
Election Date

Voter Information

Last Name <u>Hester</u>	First Name <u>Vance</u>	Middle Name <u>Donnell</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>509 Chestnut Street</u>		Mailing Address (If different than home address.) <u>Same</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1-1-</u>		Registration No.	Phone (optional)
You must provide at least one identification number: NC License or ID Number <u>X</u> SSN <u>X</u>		Email (optional)	

A

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1/14/18
Date

X

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name MCNAIR		First Name SAMUEL		Middle Name LEE	
Home Address (NC Residential Address.) 6110 CHICKENFOOT RD.				Mailing Address (If different than home address.)	
City SAINT PAULS	State NC	Zip Code 28384	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number			Voter Registration No. October	Phone (optional)	Email (optional)

OCT 20 2013

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	TIME _____ REC'D BY _____ BLADEN CO. BD. OF ELECTIONS	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: _____					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable) 10/17/13 X	Date
--	------

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McNair</u>	First Name <u>Samuel</u>	Middle Name <u>L</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>6110 Chickenfoot Rd</u>		Mailing Address (If different than home address.) [REDACTED]		
City <u>St Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification number (NC LI) [REDACTED] X		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>6110 Chickenfoot Rd</u>		City <u>St Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, correct legal relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepparent	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian) <u>BLADEN CO. BD. OF ELECTIONS</u>		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-2-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

RECEIVED

OCT 03 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	State
Lacewell	Regina	Lynn	[REDACTED]
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)	
303 Pecan St Apt 4E		303 Pecan St Apt 4E	
City	State	Zip Code	City
Bladenboro	NC	28320	Bladenboro
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
		Bladen	
If "No," indicate the date of your move:		Previous Name (if applicable)	
You must provide at least one identification number		Registration No.	
NC License or ID Number		Phone (optional)	
[REDACTED]		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
303 Pecan St Apt 4E		Bladenboro	NC	28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date

check your voter registration or absentee voting status.



TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512

Elizabethtown NC 28337

PHONE: 910-862-6951

elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Last Name Lacewell		First Name Regina		Middle Name Lynn		Suffix [REDACTED]	
Home Address (NC Residential Address.) 303 Pecan St. Apt. 4E				Mailing Address (if different than home address.) [REDACTED]			
City Bladenboro		State NC	Zip Code 28320	City [REDACTED]		State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		<div>RECEIVED</div> <div>APR 12 2018</div>	
If "No," indicate the date of your move: ____/____/____				Voter Registration No. Optional		Phone (optional) TIME ____ REC'D BY ____ Email (optional) BLADEN CO. BD OF ELECTIONS	
You must provide at least one identification number below. (or see instructions) NC [REDACTED] X X - X X [REDACTED]							

Absentee Mailing Address (Where should the ballot be mailed?) <i>same as above</i>			City		State		Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan								
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No								
If "Yes," what is the name and address of the hospital or facility:								
<i>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</i> Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian								
Requestor's Address				Name of Corporation (if appointed legal guardian)				
City			State	Zip Code	Requestor's Phone		Requestor's Email	

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date _____

Date _____



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Robinson</u>		First Name <u>Billie (Billy)</u>		Middle Name <u>Ray</u>	
Home Address (NC Residential Address.) <u>902 Berry Lewis RD</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (If any)		
You must provide at least one identification number (see instructions) NC License or ID Number <u>XX</u> SSN [REDACTED]			Voter Registration No. [REDACTED]		
			Phone (optional) [REDACTED] Email (optional) [REDACTED]		

RECEIVED
OCT 17 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>902 Berry Lewis RD</u>		City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

10/12/2018
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Elect*

Voter Information

Last Name <u>Couper</u>	First Name <u>Timothy</u>	Middle Name <u>Eugene</u>			
Home Address (NC Residential Address.) <u>12437 Hwy 87 west</u>			Mailing Address (If different than home address.)		
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification			Voter Registration No. <i>Optional</i>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> son-in-law	<input type="checkbox"/> brother/sister <input type="checkbox"/> grandchild <input type="checkbox"/> daughter-in-law	<input type="checkbox"/> parent <input type="checkbox"/> stepchild <input type="checkbox"/> legal guardian	<input type="checkbox"/> grandparent <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-30-08

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-2018
Election Date

Voter Information

Last Name <u>SAMPSON</u>	First Name <u>NANCY</u>	Middle Name <u>MAE</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>1254 ZION HILL Church Rd</u>		Mailing Address (If different than home address.) <u>PO Box 1230</u>		
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>BLADENBORO</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>				
You must provide at least one identification number below. (or see instructions) NC <u>XXXXXXXXXX</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1230</u>		City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-24-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

502

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Ianier</u>		First Name <u>Shirley</u>		Middle Name <u>N</u>	
Home Address (NC Residential Address.) <u>94 Shannon Dr.</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
<p>If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference:</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p>				
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
If "Yes," what is the name and address of the hospital or facility:				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely (If you are a U.S. citizen living overseas.)		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address
--	--	--

Signature of Near Relative/Legal Guardian (if applicable)

8-5-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Gurgounious	First Name Jeffrey	Middle Name Allen	Suffix	Date of Birth
Home Address (NC Residential Address.) 390 Twisted Hickory # 3		Mailing Address (If different than home address.)		
City Elizabethtown	State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email


For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Aug 28 2016 X
Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/9/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Gurganious</u>		First Name <u>Jeffrey</u>		Middle Name	
Home Address (NC Residential Address.) <u>390 Twisted Hickory Rd Apt #3</u>			Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	<div>RECEIVED</div> <div>APR 11 2018</div>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u> / / </u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
NC License or ID Number		SSN <u>X</u>	Optional		Phone (optional)
					Email (optional)

Same		State		Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.					
<input type="checkbox"/> Democratic		<input checked="" type="checkbox"/> Republican		<input type="checkbox"/> Libertarian	
<input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

4/10/18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P15

FRAUDULENTLY OR FALSELY SIGNING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Davis</u>		First Name <u>Wilford</u>		Middle Name <u>M</u>	
Home Address (NC Residential Address.) <u>1224 Center Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number		SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-8-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name <u>DAVIS</u>	First Name <u>Wil Ford</u>	Middle Name <u>M</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1224 Center Road Rd</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move:				
You must provide at least one identification number (NC Driver's License, NC State ID, or other government-issued photo ID)		Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1/12/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name <u>Messhaw</u>	First Name <u>Brittany</u>	Middle Name <u>Joan</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>6875 Albert St.</u>		Mailing Address (If different than home address.) <u>P.O. Box 91</u>		
City <u>Dublin</u>	State <u>N.C.</u>	Zip Code <u>28332</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)	
You must provide at least one identification number (e.g., driver's license, state ID, etc.) [REDACTED]			Voter Registration No.	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 91</u>		City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5/21/17
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>MONROE</u>		First Name <u>Michael</u>		Middle Name <u>A.</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>65 East Gulf Stream Drive</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [REDACTED] SSN [REDACTED]			Voter Registration No. [REDACTED]		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>PEOPLES</u>		First Name <u>LEE</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>294 WHITE PLAINS Church Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (for see instructions) NC License or ID Number <u>X X X [REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		Phone (optional) <u>910 645-4342</u>
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

RECEIVED

OCT 15 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>[REDACTED]</u>

Signature of Relative/Near Guardian (if applicable)

10/13/18 X
Date

Date

Go to www.bladenco.org to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED**AUG 17 2018**
 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date
Voter Information

Last Name Robinson		First Name Kristal		Middle Name S	Suffix [REDACTED]
Home Address (NC Residential Address.) 2909 W. Broad St				Mailing Address (If different than home address.) P.O. Box 2853	
City Elizabethtown	State NC	Zip Code 28337	City Elizabethtown	State NC	Zip Code 28337
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification number [REDACTED]			Voter Registration No. (Optional) [REDACTED]		
			Phone (optional) [REDACTED]		
			Email (optional) [REDACTED]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/19/18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.1.1.2

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337 1335 of 2658
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>AIKEN</u>		First Name <u>Vickie</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>1501 OWEN Hill Rd.</u>				Mailing Address (If different than home address.)		
City <u>ELIZABETH TOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>RECEIVED</u>			
If "No," indicate the date of your move: <u>1/1/18</u>			<u>APR 09 2018</u>			
You must provide at least one identification number below. (or see instructions)			Voter Registration No. <u>TIME</u>			
NC License or ID Number		SSN <u>X X X - X X</u>	Phone (optional) <u>RECD BY</u>		Email (optional)	
			BLADEN CO. BD. OF ELECTIONS			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1501 OWEN Hill Rd</u>		City <u>ELIZABETH TOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
4/4/18 X 4-4-18
Date Date Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Shipman</u>		First Name <u>Rebecca</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>1150 Twisted Hickory Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>[REDACTED]</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>[REDACTED]</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u>		SSN <u>[REDACTED]</u>		Voter Registration No. (Optional) <u>[REDACTED]</u>	
Phone (optional) <u>[REDACTED]</u>		Email (optional) <u>[REDACTED]</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>		State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother <input type="checkbox"/> sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>[REDACTED]</u>		Name of Candidate (if appointed legal guardian) <u>[REDACTED]</u>			
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>[REDACTED]</u>

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on May 8, 2018
Election

Voter Information

Last Name <u>Babson</u>		First Name <u>Brandon</u>		Middle Name <u>Wayne</u>	
Home Address (NC Residential Address.) <u>1676 211 West</u>				Mailing Address (if different than home address.) <u>P.O. Box 916</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 916</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	TIME REC'D BY BLADEN CO. BO. OF ELECTIONS	State	Zip Code	
Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Hester</u>	First Name <u>Sherr</u>	Middle Name <u>Nicole</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>416 Butters Cemetery</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC ID Card, or Social Security Number)		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>416 Butters Cemetery</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

RECEIVED

2018

BY
ELECTIONS
11/2/18
Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Thomas</u>		First Name <u>Florence</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>200 Village St Apt #9A</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number [Redacted]			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/29/08
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Drake</u>		First Name <u>Nelson</u>		Middle Name <u>R.</u>	
Home Address (NC Residential Address.) <u>8447 NC Hwy 53 West</u>				Mailing Address (If different than home address.)	
City <u>White Oak</u>	State	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u> Phone (optional) <u>[REDACTED]</u> Email (optional) <u>[REDACTED]</u>		

RECEIVED
OCT 02 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/22/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections

P. O. BOX 512

Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>HORNE</u>		First Name <u>HUBERT</u>		Middle Name <u>SAMPSON</u>	
Home Address (NC Residential Address.) <u>BLADEN EAST HEALTH & REHAB. LLC -</u>				Mailing Address (If different than home address.)	
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable) RECEIVED	
If "No," indicate the date of your move: <u>1/1/</u>			Registration No.	Phone (optional)	Email (optional)
You must provide at least one identification number: NC License or ID Number <u>XX</u> SSN <u>XX</u>		TIME <u>OCT 17 2018</u> REC'D BY <u>BLADEN CO. BO. OF ELECTIONS</u>			

Absentee Mailing Address (Where should the ballot be mailed?) <u>915 PEANUT PLANT ROAD</u>		City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>BLADEN EAST REHAB 804 POPLAR ST. E. TOWN</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>WILLIE MAE HASTIE</u>		<input type="checkbox"/> spouse <input checked="" type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>915 PEANUT PLANT ROAD</u>		Name of Corporation (If appointed legal guardian)		
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910/645-6544</u>	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10/17/2018 * Willie Mae Hastie 10/17/2018
 Date Signature Date

Go to www.nc.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina RECEIVED

AUG 22 2018

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Harvey James</u>		First Name <u>Harvey</u>		Middle Name <u>H</u>	
Home Address (NC Residential Address.) <u>54 Womack Way Lot #25</u>				Mailing Address (if different than home address.)	
City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <u>X</u>			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-2-18
Date

X
Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

1343 of 2658
Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Hughes		First Name Patsy		Middle Name K	
Home Address (NC Residential Address.) 303 Pecan St #4H				Mailing Address (If different than home address.)	
City Bladenboro		State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen	
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)	
You must provide at least one identification number below (for see instructions) NC License or ID Number				Voter Registration No. Optional OCT 04 2018	Phone (optional) Email (optional)
[Redacted]				TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	
[Redacted] and the ballot be mailed?				City	State Zip Code
Same					
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

18-08-18

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Ele

Voter Information

Last Name Storms		First Name Justin		Middle Name Reed	
Home Address (NC Residential Address.) 200 Village St Apt 10A				Mailing Address (If different than home address.)	
City Bladenboro		State NC	Zip Code 28320	City	State
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification (SSN, Driver's License, etc.)				Voter Registration No. (Optional)	Phone (optional)
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 200 Village St Apt #10A		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Requestor (If appointed legal guardian)		
		RECEIVED OCT 15 2018		
		REC'D BY BLADEN CO. BO. OF ELECTIONS		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/23/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smoker</u>		First Name <u>Delores</u>		Middle Name <u>Harris</u>	
Home Address (NC Residential Address.) <u>1045 S. Horsepen Rd</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below (see instructions) NC License or ID Number SSN <u>XX</u>			Voter Registration No. <u>4825</u>		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1045 S. Horsepen Rd</u>		City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Ronald Smoker</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>1045 S. Horsepen Rd</u>		Name of Corporation (If appointed legal guardian)		
City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>	Requestor's Phone	Requestor's Email

RECEIVED
OCT 12 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

X Ronald D. Smoker 10/12/18

Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smoker</u>		First Name <u>Ronald</u>		Middle Name <u>Dean</u>	
Home Address (NC Residential Address.) <u>1045 S. Horsepen Rd</u>				Mailing Address (If different than home address.)	
City <u>Horrells</u>	State <u>NC</u>	Zip Code <u>28444</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>44876</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below (see instructions) NC License or ID Number <u>XX</u>			Voter Registration No. <u>4876</u>		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1045 S. Horsepen Rd</u>		City <u>Horrells</u>	State <u>NC</u>	Zip Code <u>28444</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 12 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable)

10/12/18 X
Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Hardy</u>		First Name <u>Dedra</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>201 JJ Bordeaux Rd.</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, ID Card, or Social Security Number)			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2/21/18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2013

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>McIntyre</u>		First Name <u>Milton</u>		Middle Name <u>S</u>	
Home Address (NC Residential Address.) <u>817 Foy St</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC ID Card, or U.S. Military ID Card) <input checked="" type="checkbox"/>			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Maintyre</u>		First Name <u>Milton</u>		Middle Name <u>Jerome</u>	
Home Address (NC Residential Address.) <u>817 Fox Street</u>				Mailing Address (If different than home address.) <u>817 Fox Street</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>2833</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[redacted]</u> SSN <u>[redacted]</u>			Voter Registration No. Optional		Phone (optional) <u>910-876-9001</u>
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>817 Fox Street</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

RECEIVED
MAR 28 2018

TIME

REC'D BY

Signature of Near Relative/Legal Guardian (if applicable)

3-28-18 X 3-28-2018

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1350 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Russ</u>	First Name <u>Lisa</u>	Middle Name <u>Gail</u>			
Home Address (NC Residential Address.) <u>303 Pecan St</u>		Mailing Address (if different than home address) <u>Apt 2A</u>			
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable)		
You must provide at least one identification NC license or ID Number [REDACTED]			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Russ</u>		First Name <u>LISA</u>		Middle Name	
Home Address (NC Residential Address.) <u>303 Pecan St. Apt. 2A</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification number: NC License or ID Number <u>X</u>			Registration No. Optional	Phone (optional)	Email (optional)

RECEIVED

APR 09 2018

TIME
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☒ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

4-5-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKoy</u>		First Name <u>Carolyn</u>		Middle Name <u>McKoy</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>100 BLANK STREET</u>			Mailing Address (if different than home address.) <u>PO. BOX 2875 ELIZABETH</u>		
City <u>ELIZABETH TOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City <u>ELIZABETH TOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen County</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable) <u>Carolyn McKoy</u>		
You must provide at least one identification number (SSN, Driver's License, etc.) <u>[REDACTED]</u>			Voter Registration No. (Optional) <u>9453972</u>		
			Phone (optional) <u>(910) 862-4826</u>		
			Email (optional) <u>[REDACTED]</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO. BOX 2875</u>		City <u>ELIZABETH TOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
[REDACTED]

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ EmailFax Number or Email Address
[REDACTED]

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name Mote		First Name Henry		Middle Name Truman	
Home Address (NC Residential Address.) 2587 Mote Rd Harrells				Mailing Address (If different than home address.) 2587 Mote Rd Harrells	
City Harrells	State NC	Zip Code 28444	City Harrells	State NC	Zip Code 28444
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification number: NC License or ID Number [REDACTED] <input checked="" type="checkbox"/> X		Election Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 2587 Mote Rd		City Harrells	State NC	Zip Code 28444
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if applicable)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 22 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/22/18
Date

X
Data



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name BENTON		First Name CURTIS		Middle Name TIMOTHY	
Home Address (NC Residential Address.) 312 PINE RIDGE CIRCLE				Mailing Address (If different than home address.) P.O. BOX 778	
City BLADENBORD	State NC	Zip Code 28320	City BLADENBORD	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [REDACTED]			Voter Registration No. [REDACTED]		
[REDACTED]			Phone (optional)		
[REDACTED]			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. BOX 778			City BLADENBORD	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City			Requestor's Phone		
State			Requestor's Email		
Zip Code			RECEIVED SEP 07 2018		

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address
[REDACTED]	

Signature of Near Relative/Legal Guardian (if applicable)

9-6-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1355 of 2658
Physical Address: 301 S Cypress St, Elizabethtown NC 28337
Mailing Address: PO Box 512, Elizabethtown
PHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name
Goodwin	Robert	Dane
Home Address (NC Residential Address.)		
404 Woodland dr		
City	State	Zip Code
Elizabethtown	NC	28337
Mailing Address (if different than home address.)		
PO BOX 1054		
City		
Elizabethtown		
State		
NC		
Zip Code		
28337		
County of Residence		
Bladen		
Previous Name (if applicable)		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If "No," indicate the date of your move:		
Voter Registration No. Optional		
Phone (optional)		
Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
PO BOX 1054		Elizabethtown	NC	28337
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name				
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent				
<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law				
<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address				
Name of Corporation (if appointed legal guardian)				
Requestor's Phone				
Requestor's Email				
City				
State				
Zip Code				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely
- Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-26-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

1356 of 2658

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: **GENERAL ELECTION** on **NOVEMBER 6, 2018**
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Corbett		First Name Doris		Middle Name ANN	
Home Address (NC Residential Address.) 2533 Hwy 242 N.				Mailing Address (If different than home address.)	
City Elizabethtown		State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number NC License or ID Number		SSN XXX-XX-XXXX	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-27-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 22 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

501

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Edge</u>	First Name <u>Kathryn</u>	Middle Name <u>King</u>
Home Address (NC Residential Address.) <u>33 Morgan Wood Estates</u>		Mailing Address (If different than home address.)
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification		Voter Registration No. (Optional)
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>33 Morgan Wood Estates</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5-4-87 X

Date

Date



State Absentee Ballot

North Carolina

RECEIVED

MAR 14 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown NC 28337

 PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Packer	First Name Christy	Middle Name Lynn	Suffix
Home Address (NC Residential Address.) 1293 MLK JR Drive		Mailing Address (If different than home address.) PO Box 984	
City Bladenboro	State NC	Zip Code 28320	City Bladenboro
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		County of Residence Robeson	
If "No," indicate the date of your move:		Previous Name (if applicable)	
You must provide at least one identification number [REDACTED]		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)
☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-13-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 13 2018

Bladen County Board of Elections
PO BOX 512
Bladenboro NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820

REC'D By: [Signature]
Bladen County Board of Elections

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Christian</u>		First Name <u>James</u>		Middle Name <u>Daniel</u>		Suffix	
Home Address (NC Residential Address.) <u>192 White Owl Loop Road</u>				Mailing Address (if different than home address.) <u>Same</u>			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1</u>							
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X</u>				Voter Registration No.		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>						State		Zip Code	
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan									
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No									
If "Yes," what is the name and address of the hospital or facility:									
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:									
Requestor's Name				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address				Name of Corporation (if appointed legal guardian)					
City		State	Zip Code	Requestor's Phone		Requestor's Email			

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

S [Signature] 1-2-18 X
Date Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>White</u>	First Name <u>Alberta</u>	Middle Name <u>I</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>700 Mercer Mill Rd</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>[REDACTED]</u>			
You must provide at least one identification number (NCLID or Driver's License Number). <u>[REDACTED]</u> X		Voter Registration No. (Optional)	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 17 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/legal guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-12-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: Bladen County Board of Elections 1361 of 2658

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>White</u>	First Name <u>Alberta</u>	Middle Name <u>I</u>
Home Address (NC Residential Address.) <u>700 Mercer Mill Rd APT 1A</u>		Mailing Address (if different than home address.)
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>		Registration No. (Optional)
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
APR 30 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

4-23-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
1362 of 2658
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>HALL</u>	First Name <u>DENNIS</u>	Middle Name <u>EARL</u>	Suffix
Home Address (NC Residential Address.) <u>6131 NC 211</u>		Mailing Address (if different than home address.)	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28330</u>	City <u>BLADEN</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>	
If "No," indicate the date of your move: <u>1/1/18</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number <u>XX</u>	SSN <u>[REDACTED]</u>		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>6131 NC 211</u>		State <u>NC</u>	Zip Code <u>28330</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>MAR 26 2018</u>		Fax Number or Email Address	
TIME REC'D BY BLADEN CO. BD. OF ELECTIONS			

Signature of Voter (must be signed by voter)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

12-29-17

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lacewell</u>	First Name <u>Denise</u>	Middle Name <u>McKenzie</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>904 M+M Street</u>		Mailing Address (If different than home address.) <u>904 M+M Street</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) <u>[REDACTED]</u> X X - X X - <u>[REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>910-872-4146</u>
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>904 M+M Street</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

MAR 19 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-19-18

Date

X

Date



State Absentee Ballot Request Form

RECEIVED

North Carolina

SEP 21 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

1364 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>STORMS</u>		First Name <u>ROGER</u>		Middle Name <u>LANE</u>	
Home Address (NC Residential Address.) <u>7242 HWY 211 EAST</u>				Mailing Address (if different than home address.) <u>PO Box 1014</u>	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1014</u>		City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-15-18 X
Date

Date



Exhibit 4.2.3.1.2

1365 of 2658

State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

PO BOX 512

P.O. Box 512, Bladenboro NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

RECEIVED

MAR 13 2018

P-202

TIME _____ REC'D BY _____

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Storms</u>	First Name <u>Roger</u>	Middle Name <u>Lane</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>7242 Hwy 211 East</u>		Mailing Address (If different than home address.) [REDACTED]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1-1-</u>		Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number SSN <u>X X</u> [REDACTED]		Voter Registration No.	Phone (optional) Email (optional)

Absentee Mailing Address (where should the ballot be mailed?) <u>Same as above</u>		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian)		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1-16-2018 X

Date

Date



State Absentee Ballot Request Form
North Carolina
RECEIVED
SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name Butler		First Name Lennon		Middle Name D	
Home Address (NC Residential Address.) 10 BERLING AVE				Mailing Address (If different than home address.)	
City Tarheel	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification [Redacted] X [Redacted]			Voter Registration No. [Redacted]		Phone (optional) [Redacted]
			Email (optional) [Redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 1575		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing <u>outside</u> the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-8-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Butler</u>	First Name <u>Lennon</u>	Middle Name <u>D</u>	Suffix [Redacted]
Home Address (NC Residential Address.) <u>Lot 10 Berlene Avn</u>		Mailing Address (If different than home address.) [Redacted]	
City <u>Tarheel</u>	State <u>nc</u>	Zip Code <u>28392</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number NC License or ID Number SSN <u>X X</u>		Registration No.	Phone
			Email

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1575</u>		City <u>Elizabethtown</u>	State <u>nc</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter

OR Signature of Near Relative/Legal Guardian (if applicable)

5-24-17
Date

X
Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Allen</u>		First Name <u>Carolyn</u>		Middle Name <u>Hooks</u>	
Home Address (NC Residential Address.) <u>114 Whiteville Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. <i>Optional</i>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-1-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

TIME: 10:00 AM
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>CRUMPTON</u>		First Name <u>Nilda</u>		Middle Name <u>FAYE</u>	
Home Address (NC Residential Address.) <u>806 Blue Street</u>				Mailing Address (If different than home address.) <u>P.O. Box 2513</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/15/2018 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

OCT 04 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONSTO: BLADEN COUNTY BOARD OF ELECTIONS
1370 of 2658Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Brooks</u>		First Name <u>Constance</u>		Middle Name <u>Bennett</u>	
Home Address (NC Residential Address.) <u>303 Pecan St Apt 2D</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)	
You must provide at least one identification NC License or ID Number [REDACTED]		Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)

Same

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐
- Member of the Uniformed Services or Merchant Marine on active duty and currently
- absent
- from county of residence or an eligible spouse/dependent.
-
- ☐
- U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

58-29-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

1371 of 2658
(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Brooks	First Name Constance	Middle Name Bennett			
Home Address (NC Residential Address.) 303 Pecan St. 2D			Mailing Address (if different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 303 Pecan St. 2D		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
APR 13 2018

REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only)	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax	<input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address			

Signature of Near Relative/Legal Guardian (if applicable)

4/12/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: Bladen County Board of Elections 1372 of 2658
PO BOX 512
Elizabethtown NC 28557
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 7/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Simmons</u>	First Name <u>Ashley</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>4093 Chickawfoot Rd.</u>		Mailing Address (If different than home address.)	
City <u>Saint Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Voter Registration No.	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

RECEIVED

APR 10 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Ashley Brede Simmons 4-8-18

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncs.be.gov

p. 25

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Bass</u>		First Name <u>Robert</u>		Middle Name <u>Lee</u>	
Home Address (NC Residential Address.) <u>9838 Mercer Mill Rd</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number: <u>[REDACTED]</u> <input checked="" type="checkbox"/> <u>[REDACTED]</u> <input type="checkbox"/>			Voter Registration No. Optional		Phone (optional)
					Email (optional)

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-5-2018

Date

X

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Howell</u>		First Name <u>angela</u>		Middle Name <u>Suzette</u>	
Home Address (NC Residential Address.) <u>117 Tommy Drive</u>				Mailing Address (If different than home address.) <u>117 Tommy Drive</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>XX</u>	Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>117 Tommy Drive</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Date <u>APR 13 2018</u>
TIME REC'D BY BLADEN CO. BD. OF ELECTIONS				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-12-18 x 4-

Date



State Absentee Ballot Request Form

North Carolina RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Elect

Voter Information

Last Name <u>Sones</u>		First Name <u>Quintina</u>		Middle Name <u>F</u>	
Home Address (NC Residential Address.) <u>209 N. Main Mill Rd APT 1N</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (e.g., driver's license, state ID, etc.)			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 1376 of 2658

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>JONES</u>	First Name <u>Quintina</u>	Middle Name <u>F</u>
Home Address (NC Residential Address.) <u>309 Mercer Mill Rd Apt N</u>		Mailing Address (if different than home address.)
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number (NC Driver's License, NC ID Card, or US Passport)		Phone (optional)
[Redacted]		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City		State	Zip Code	Requestor's Phone
		Requestor's Email		

RECEIVED

APR 10 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely Current Address (Address where you are currently stationed or living overseas.)		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address
--	--	--

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date

15



State Absentee Ballot Request Form

North Carolina

RECEIVED

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ RECEIVED BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>McKoy</u>		First Name <u>MARVIN</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>317 Center Road Rd</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (e.g., driver's license, state ID, or Social Security number). [REDACTED]			Voter Registration No. (Optional)		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-11-18 X
 Date

Date

15

Exhibit 4.2.3.1.2

1378 of 2658



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>McKoy</u>		First Name <u>MARVIN</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>317 Center Road Rd</u>				Mailing Address (if different than home address.)	
City <u>Elizabeth Town</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[redacted]</u> SSN <u>[redacted]</u>			Voter Registration No. Optional		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1-10-18
Date

Date



State Absentee Ballot Form

North Carolina

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Ele

Voter Information

Last Name <u>Singleton</u>		First Name <u>Kathilla</u>		Middle Name <u>Ann</u>	
Home Address (NC Residential Address.) <u>510 Mercer mill rd Apt 2</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move:			Voter Registration No. Optional		Phone (optional)
You must provide at least one identification SSN <u>X</u>			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-18-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Harrington</u>		First Name <u>Ruth</u>		Middle Name <u>A</u>	
Home Address (NC Residential Address.) <u>1755 Mercer Mill Brownmarsh</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Registration No. Optional	Phone (optional)	Email (optional)

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
TIME <u>OCT 15 2018</u> REC'D BY <u>BLADEN CO. BD. OF ELECTIONS</u>				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-31-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Tatum</u>		First Name <u>Melissa</u>		Middle Name <u>Ann</u>	
Home Address (NC Residential Address.) <u>2023 Sweethome Church Rd</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification NC License or ID Number				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
<p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan</p>				
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
If "Yes," what is the name and address of the hospital or facility:				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 13 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS
PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name HALL		First Name JUSTIN		Middle Name S	
Home Address (NC Residential Address.) 613 WEST Seaboard ST				Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320		City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number NC License or ID Number		SSN		Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-7-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Ladson</u>		First Name <u>Shatoya</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>6823 Johnsonstown Rd</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>[REDACTED]</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Registration No. <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>	Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>6823 Johnsonstown Rd</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

RECEIVED

APR 16 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
[REDACTED]

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address
[REDACTED]

Signature of Near Relative/legal Guardian (if applicable)

*Maraiseth Ladson

4-16-18

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

1384 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name Sells		First Name Dennis		Middle Name A	
Home Address (NC Residential Address.) 160 Sandy Ridge				Mailing Address (If different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. <i>Optional</i>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information, and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> sister <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if applicable) BLADEN CO. BD. OF ELECTIONS		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina**RECEIVED**

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1385 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>Sells</u>		First Name <u>Dennis</u>		Middle Name <u>Allen</u>	
Home Address (NC Residential Address.) <u>160 Sandy Ridge Rd.</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)	
You must provide at least one identification number NC License or ID Number		SSN <u>X X</u>	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-9-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Scott</u>		First Name <u>Monarcia</u>		Middle Name <u>Henry</u>	
Home Address (NC Residential Address.) <u>390 Twisted Hickory Rd Apt 13</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Voter Registration No. <input type="checkbox"/>		Phone (optional)	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, city, state, zip code, and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother <input type="checkbox"/> sister <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
		TIME REC'D BY BLADEN CO. BD. OF ELECTIONS		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

BLADEN CO. BD. OF ELECTIONS

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Scott</u>		First Name <u>Monarcia</u>		Middle Name <u>H.</u>	
Home Address (NC Residential Address.) <u>18 Mcadam DR.</u>				Mailing Address (If different than home address.) <u>PO. Box 2094</u>	
City <u>Elizabethtown</u>	State	Zip Code	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC Identification Number <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely Current Address (Address where you are currently stationed or living overseas.)		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address
---	--	--

Signature of Near Relative/Legal Guardian (if applicable)

10-27-2018 X
Date

Date



State Absentee Ballot Request

North Carolina

MAR 19 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Stokes</u>	First Name <u>Lvette</u>	Middle Name <u>Mitcher</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>194 Todd Britt Ct</u>		Mailing Address (If different than home address.) [REDACTED]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)	
Voter Registration No. [REDACTED]		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/18/2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McDonald</u>	First Name <u>TELESA</u>	Middle Name <u>P</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>6546 BURNLEY FORD ROAD</u>		Mailing Address (If different than home address.)		
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1/</u>				
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number SSN <u>X X X - X X</u>				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>6546 BURNLEY FORD ROAD</u>		City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
RECEIVED OCT 16 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature <u>[Redacted]</u>	Signature of Relative/Near Guardian (if applicable) <u>10/16/18 X</u>
Date <u>[Redacted]</u>	Date <u>10/16/18</u>

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Leach</u>	First Name <u>Dasia</u>	Middle Name <u>Shantel</u>
Home Address (NC Residential Address.) <u>10898 South College St, Apt. 44</u>		Mailing Address (If different than home address.)
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number (N.C. Driver's License, N.C. State ID Card, or U.S. Military ID Card)		Voter Registration No. <u>0000000000</u>
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-18-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>hesane</u>		First Name <u>Cedric</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>200 Emma St</u>				Mailing Address (If different than home address.)	
City <u>ETown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>					
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No.		Phone (optional) <u>910-874-2179</u>
<u>XX</u>					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10/17/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>HALL</u>	First Name <u>KAYIA</u>	Middle Name <u>B</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>613 WEST SEABOARD ST</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
Previous Name (if applicable)				
If "No," indicate the date of your move:				
You must provide at least one identification number [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-18-18 X

Date

Date

202



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 13 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS
PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 3/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>HALL</u>		First Name <u>KAYLA</u>		Middle Name <u>B</u>	
Home Address (NC Residential Address.) <u>613 WEST Seaboard St</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>X</u>			Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> son-in-law	<input type="checkbox"/> brother/sister <input type="checkbox"/> grandchild <input type="checkbox"/> daughter-in-law	<input type="checkbox"/> parent <input type="checkbox"/> stepchild <input type="checkbox"/> legal guardian	<input type="checkbox"/> grandparent <input type="checkbox"/> mother-in-law <input type="checkbox"/> stepparent <input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-7-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

60

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>GREEN</u>	First Name <u>DANIEL</u>	Middle Name <u>GRADY</u>
Home Address (NC Residential Address.) <u>698 OLD NC 20 RD</u>		Mailing Address (If different than home address.) <u>NO</u>
City <u>ST PAULS</u>	State <u>NC</u>	Zip Code <u>28384</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>
If "No," indicate the date of your move: _____		Previous Name (if applicable)
You must provide at least one identification number (NCID) _____		Phone (optional)
Voter Registration No. _____		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>698 OLD NC 20 RD</u>		City <u>ST PAULS</u>	State <u>NC</u>	Zip Code <u>28384</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) _____	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address _____

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Davis</u>		First Name <u>Terry</u>		Middle Name	
Home Address (NC Residential Address.) <u>157 Airport Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 13 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS
elections@bladenco.org

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Davis</u>		First Name <u>Terry</u>		Middle Name <u>A</u>	
Home Address (NC Residential Address.) <u>157 Airport Rd</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28330</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC ID Card, or US Passport)			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2/9/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 08 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
 Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>NORRIS</u>		First Name <u>Justin</u>		Middle Name <u>Alexander</u>	
Home Address (NC Residential Address.) <u>1106 Bullard ST</u>				Mailing Address (if different than home address.) <u>Same</u>	
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. (Optional)		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)
☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/7/18 X
 Date

Date



State Absentee Ballot Request Form

North Carolina

AUG 22 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS
TO: 1398 of 2658
BLADEN COUNTY BOARD OF ELECTIONS
 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Norris</u>		First Name <u>Justin</u>		Middle Name <u>A</u>	
Home Address (NC Residential Address.) <u>1106 Bullard street</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/9/18
 Date

X

Date

State Absentee Ballot Request Form
North Carolina

RECEIVED

County Board of Elections
PO BOX 512
Bladenboro NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
REC'D BY: elections@bladenco.org
BLADEN CO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hester</u>	First Name <u>Jennifer</u>	Middle Name <u>Noele</u>	Suffix
Home Address (NC Residential Address.) <u>668 Sunset Park Rd</u>		Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number: NC License or ID Number <u>XX</u> SSN <u>XX</u>		Registration No.	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>668 Sunset Park Rd</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

12/13
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Cromartie</u>	First Name <u>Sohnnie</u>	Middle Name <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>497 Mt Olive Rd</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move: <u>[REDACTED]</u>		Previous Name (if applicable) <u>[REDACTED]</u>
You must provide at least one identification number (NC License, Driver's License, or Social Security Number). <u>[REDACTED]</u> X		Phone (optional) <u>[REDACTED]</u>
Voter Registration No. (Optional) <u>[REDACTED]</u>		Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

RECEIVED

OCT 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>[REDACTED]</u>

Signature of Near Relative/Legal Guardian (if applicable)

10/18/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951

elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election*

Voter Information

Last Name <u>Cromartie</u>		First Name <u>Sahony</u>		Middle Name	
Home Address (NC Residential Address.) <u>797 Mt Olive Rd</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? If "No," indicate the date of your move:			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
Your NC Identification Number <u>[REDACTED]</u>			Voter Registration No. (Optional)	Phone (optional) <u>615-6839</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
			<u>APR 20 2018</u>	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan RECD BY <u>BLADEN CO. BD. OF ELECTIONS</u>				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/19/18
 Date

X
 Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Cromartie</u>		First Name <u>Mattie</u>		Middle Name [REDACTED]	
Home Address (NC Residential Address.) <u>499 Mt. Olive Rd</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification number (NCLicense, Driver License, etc.)			Voter Registration No. Optional		Phone (optional)
[REDACTED]			[REDACTED]		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 17 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/17/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name <u>Cromarite</u>	First Name <u>Mattie</u>	Middle Name <u>R</u>
Home Address (NC Residential Address.) <u>497 ME Olive Rd</u>		Mailing Address (If different than home address.)
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? If "No," indicate the date of your move:		County of Residence <u>Bladen</u>
You must provide at least one identification number (NC Driver's License, State ID, etc.)		Previous Name (if applicable)
Water Registration No. Optional		Phone (optional) Email (optional)

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/18/18
 Date

X

Date

P-15



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7802

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name BORDEAUX	First Name JONATHAN	Middle Name RYAN	Suffix	Date of Birth
Home Address (NC Residential Address.) 8104 NC 41 HWY WEST		Mailing Address (If different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN	Previous Name (if applicable)	
If "No," indicate the date of your move:		Driver Registration No. (Optional)	Phone (optional)	Email (optional)
You must provide at least one identification number (NC LI) <input checked="" type="checkbox"/>				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5/20/2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
OCT 05 2013

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Tatum</u>	First Name <u>William</u>	Middle Name <u>V.</u>
Home Address (NC Residential Address.) <u>3286 Burney Rd</u>		Mailing Address (If different than home address.)
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
Previous Name (if applicable)		Phone (optional)
Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-23-2013

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Elec

Voter Information

Last Name <u>Todd</u>		First Name <u>Tasha</u>		Middle Name <u>Lee</u>	
Home Address (NC Residential Address.) <u>48 Sand Hill Dr</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move:		Voter Registration No. Optional		Phone (optional)	Email (optional)
You must provide at least one identification NC License or ID Number		SSN			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>48 Sand Hill Dr</u>		City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/22/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Todd	First Name Tasha	Middle Name Lee	Suffix [REDACTED]
Home Address (NC Residential Address.) 492 Burney Rd		Mailing Address (If different than home address.) [REDACTED]	
City Bladenboro	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? [REDACTED]		County of Residence [REDACTED]	Previous Name (Last, First, Middle) [REDACTED]
If "No," indicate the date of your move: [REDACTED]		<div style="text-align: center;"> RECEIVED APR 12 2018 </div>	
You are registered to vote in Bladen County, NC. [REDACTED]	Registration No. [REDACTED]	Phone (optional) [REDACTED]	Email (optional) [REDACTED]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above	City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: [REDACTED]			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name Larry T Todd	<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address 492 Burney Rd	Name of Corporation (If appointed legal guardian) [REDACTED]		
City Bladenboro	State NC	Zip Code 28320	Requestor's Phone 910-874-3114
Requestor's Email [REDACTED]			

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
[REDACTED]Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ EmailFax Number or Email Address
[REDACTED]

Signature of Near Relative/Legal Guardian (if applicable)

X Larry T Todd

4-4-18

Date

Date



NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on May 8th 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Edwards</u>		First Name <u>Steven</u>		Middle Name <u>Mcrae</u>	
Home Address (NC Residential Address.) <u>8 EELM ST</u>				Mailing Address (If different than home address.)	
City <u>Elizabeth town</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (Last, first, middle)	
If "No," indicate the date of your move: <u>1/1</u>			<div style="text-align: center;"> RECEIVED APR 16 2018 </div>		
You must provide at least one identification SSN <u>X</u>			Voter Registration No. <u>46274</u>	Phone (optional) TIME	Email (optional) REC'D BY
			BLADEN CO. BD. OF ELECTIONS		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>8 EELM ST</u>		City <u>Elizabeth town</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

4-12-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P60

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Lewis</u>		First Name <u>Barbara</u>		Middle Name <u>R</u>	
Home Address (NC Residential Address.) <u>6987 Chickenfoot Rd</u>				Mailing Address (If different than home address.)	
City <u>St. Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC License, ID Number, etc.) <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
<p>If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p>				
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in receiving your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>BLADEN CO. BO. OF ELECTIONS</p>				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-7-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Brown</u>		First Name <u>Gregory</u>		Middle Name <u>n</u>	
Home Address (NC Residential Address.) <u>53 Cuthur Rd</u>				Mailing Address (if different than home address.)	
City <u>Kelly</u>	State <u>nc</u>	Zip Code <u>28442</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC License, Driver's License, etc.)			Voter Registration No. (Optional)		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 24 2013

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X OCT 22

13/

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Pritgen</u>		First Name <u>Carl</u>		Middle Name	
Home Address (NC Residential Address.) <u>1506 Moore Swamp Rd</u>				Mailing Address (If different than home address.)	
City <u>Ivanhoe</u>	State <u>NC</u>	Zip Code <u>28447</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification number NC License or ID Number		SSN	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 30 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

10 28 18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Duclas</u>		First Name <u>Charles</u>		Middle Name	
Home Address (NC Residential Address.) <u>70 Mayville LN</u>				Mailing Address (If different than home address.)	
City <u>Tarheel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
NC License or ID Number SSN <u>X</u>			Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 37</u>		City <u>Tarheel</u>	State <u>NC</u>	Zip Code <u>28392</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

4/11/18
Date

X

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

November 2018

Election Day

Voter Information

Last Name

GADSON

First Name

KIMBERLY

Middle Name

EARLENE

Home Address (NC Residential Address.)

136 Frank Melvin Rd

Mailing Address (if different than home address.)

City

Elizabethtown

State

NC

Zip Code

28330

City

Bladen

State

NC

Zip Code

28330

Have you lived at this address for more than 30 days?

☒ Yes ☐ No

County of Residence

Bladen

Previous Name (if applicable)

If "No," indicate the date of your move:

You must provide at least one identification

NC License or ID Number

Voter Registration No.

(optional)

Phone (optional)

Email (optional)

kiegadson@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

136 Frank Melvin Rd

City

Elizabethtown

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☐ Republican

☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City

TIME _____ REC'D BY

BLADEN CO. BD. OF ELECTIONS

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X

Date

NCsbe.gov to check your voter registration or absentee voting status.

FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cain</u>		First Name <u>Robert</u>		Middle Name <u>Ray</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>83 Heritage Trl</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>[REDACTED]</u>	Previous Name (if applicable) <u>[REDACTED]</u>	
If "No," indicate the date of your move: <u>[REDACTED]</u>					
You must provide at least one identification number (NC ID, Driver's License, etc.) <u>[REDACTED]</u>			voter Registration No. (Optional) <u>[REDACTED]</u>	TIME <u>APR 12 2018</u>	REC'D BY <u>BLADEN CO. CLERK OF ELECTIONS</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>83 Heritage Trl</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
[REDACTED]

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address
[REDACTED]

Signature of Near Relative/Legal Guardian (if applicable)
X

-15-18
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name BUNN		First Name LOGAN		Middle Name HEWETT	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 56 FAYETTEVILLE Rd.				Mailing Address (If different than home address.) [REDACTED]		
City ELIZABETHTOWN	State NC	Zip Code 28337	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]			Voter Registration No. Optional		Phone (optional) 549 8284	Email (optional)
You must provide at least one identification [REDACTED]						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 56 FAYETTEVILLE Rd		City ELIZABETHTOWN	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

 10/1/18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>WARD</u>		First Name <u>William</u>		Middle Name <u>E.</u>			
Home Address (NC Residential Address.) <u>1798 NC Hwy 11</u>				Mailing Address (If different than home address.)			
City <u>Kelly</u>		State <u>NC</u>	Zip Code <u>28448</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>				You must provide at least one identification number		Registration No.	
NC License or ID Number		SSN	Phone (optional)		Email (optional)		
<u>X X X</u>							

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.						
<input type="checkbox"/> Democratic		<input type="checkbox"/> Republican		<input type="checkbox"/> Libertarian		<input type="checkbox"/> Non-partisan
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name <u>Gina P Ward</u> (First) (Middle) (Last) (Suffix)			<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>1798 NC Hwy 11</u>			Name of Corporation (If appointed legal guardian)			
City <u>Kelly</u>		State <u>NC</u>	Zip Code <u>28448</u>	Requestor's Phone <u>910-234-0118</u>		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

X Gina P. Ward

Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

2/23/18

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name Ward	First Name William	Middle Name E	Date of Birth 09/19/1961	
Home Address (NC Residential Address.) 1798 NC HWY 11		Mailing Address (If different than home address.)		
City KELLY	State NC	Zip Code 28448	City	State Zip Code
Have you lived at this address for more than 30 days? If "No," indicate the date of your move:		County of Residence BLADEN	Previous Name (if applicable)	
Y N		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name Gina P Ward	<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address 1798 NC HWY 11		Name of Corporation (If appointed legal guardian)		
City Kelly	State NC	Zip Code 28448	Requestor's Phone 910-234-0118	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Gina P. Ward

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Ward</u>		First Name <u>Gina</u>		Middle Name <u>P.</u>			
Home Address (NC Residential Address.) <u>1798 NC Hwy 11</u>				Mailing Address (If different than home address.)			
City <u>Kelly</u>		State <u>NC</u>	Zip Code <u>28448</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>				You must provide at least one Identification number		Voter Registration No.	
NC License or ID Number <u>XX</u>		SSN 		Phone (optional)		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)				City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.							
<input type="checkbox"/> Democratic		<input type="checkbox"/> Republican		<input type="checkbox"/> Libertarian		<input type="checkbox"/> Non-partisan	
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address				Name of Corporation (If appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

X

Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

received
2/23/18

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Ward	First Name Gina	Middle Name P	Suffix
Home Address (NC Residential Address.) 1798 NC HWY 11		Mailing Address (If different than home address.)	
City KELLY	State NC	Zip Code 28448	
Have you lived at this address for more than 30 days? If "No," indicate the date of your move:		County of Residence BLADEN	Previous Name (if applicable)
Y N		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Request Form

North Carolina

RECEIVED
AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name <u>Smith</u>		First Name <u>Tammorah</u>		Middle Name <u>T</u>	
Home Address (NC Residential Address.) <u>107 Princess LN</u>				Mailing Address (If different than home address.) <u>107 Princess LN</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Bladen</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: _____			Previous Name (if applicable) _____		
You must provide at least one identification number (e.g., driver's license, NC ID card, etc.) _____			Voter Registration No. (Optional) _____		
Phone (optional) _____			Email (optional) _____		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) _____		City _____	State _____	Zip Code _____
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name _____		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address _____		Name of Corporation (if appointed legal guardian) _____		
City _____	State _____	Zip Code _____	Requestor's Phone _____	Requestor's Email _____

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) _____	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address _____

Signature of Near Relative/Legal Guardian (if applicable)

7-7-18
Date

X

Date



Exhibit 2.3.1.2

1421 of 2658

State Absentee Ballot Request Form
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.orgM2
CL**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**I am requesting an absentee ballot for the: Primary on 5/19/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>McDaniel</u>		First Name <u>Crystal</u>		Middle Name <u>Caney</u>	Suffix [Redacted]
Home Address (NC Residential Address.) <u>2429 Owen Hill Rd</u>				Mailing Address (If different than home address.) [Redacted]	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1-1-</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: [Redacted] <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address [Redacted]		Name of Corporation (if appointed legal guardian)		
City [Redacted]	State [Redacted]	Zip Code [Redacted]	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [Redacted]		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

2-21-18 X

Date

Date

to check your voter registration or absentee voting status.

202



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2011

TIME RECD BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Heckley</u>	First Name <u>ANDREA</u>	Middle Name <u>L</u>
Home Address (NC Residential Address.) <u>2305 GUYTON Rd</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number NO [REDACTED]		Voter Registration No. (Optional)
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>	City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-11-18
Date

X

Date



202

Exhibit 4.2.3.1.2

1423 of 2658

State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

MAR 13 2018

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Heverly</u>	First Name <u>ANDREA</u>	Middle Name <u>L</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>2305 Guyton Rd</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1-1</u>			
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		Registration No.	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

12-15-17
Date

X

Date

15



State Absentee Ballot Request Form

North Carolina

RECEIVED
SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Carroll</u>		First Name <u>Avery</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>635 Paul Brisson Rd</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification NC License or ID Number <u>[REDACTED]</u>			Voter Registration No. Optional <u>[REDACTED]</u>		
			Phone (optional) <u>[REDACTED]</u>		Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>[REDACTED]</u>

Signature of Near Relative/Legal Guardian (if applicable)

8-9-18

X

Date

Date



15

Exhibit 4.2.3.1.2

1425 of 2658

State Absentee Ballot Request Form
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date**Voter Information**

Last Name <u>CARROLL</u>		First Name <u>AVERY</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>635 Paul Boisson Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1-1-</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Registration No.	Phone (optional)	Email (optional)
<u>X X</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepchild
			<input type="checkbox"/> legal guardian	<input type="checkbox"/> mother-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X1-7-18

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 08 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

Change
of
Address

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>BANKELL</u>		First Name <u>ARNAL</u>		Middle Name <u>A</u>	
Home Address (NC Residential Address.) <u>314 Lennon Dr</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City		State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

10-6-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
SEP 21 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

EXHIBIT 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1427 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Bumell</u>	First Name <u>Arnal</u>	Middle Name <u>Andrew</u>
Home Address (NC Residential Address.) <u>303 Pecan St. Apt 3H</u>		Mailing Address (if different than home address.)
City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number _____ SSN _____		Driver Registration No. _____ Optional
		Phone (optional) _____
		Email (optional) _____

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>303 Pecan St. Apt 3H</u>		City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-8-18 X
Date

Date

262



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 13 2018

Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

TIME _____ REC'D BY _____ PHONE: 910-862-6951
BLADEN CO. BD. OF ELECTIONS elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name

BUNNEL

First Name

ARNA

Middle Name

IA

Home Address (NC Residential Address.)

303 PECAN ST APT 3-H

Mailing Address (if different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days?

☒ Yes

☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move:

You must provide at least one identification number

NC License or ID Number

SSN

☒ X

Registration No.

Phone

Email

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

SAME AS ABOVE

City

State

Zip Code

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☒ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

OR

Signature of Near Relative/Legal Guardian (if applicable)

10/2/2017

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election on Nov. 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information							
Last Name <u>Lloyd</u>		First Name <u>Shawnta</u>		Middle Name <u>Lynette</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>1039 Braddy Plantation Rd</u>				Mailing Address (If different than home address.) <u>310 SW 62nd Blvd, Apt. 5</u>			
City <u>Council</u>		State <u>NC</u>		Zip Code <u>28434</u>		City <u>Gainesville</u>	
State <u>FL</u>		Zip Code <u>32607</u>		County of Residence <u>Bladen</u>		Previous Name (if applicable) <u>N/A</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If "No," indicate the date of your move: <u>[REDACTED]</u>							
You must provide at least one identification <u>[REDACTED]</u>				Registration No. <u>0000046776</u>		Phone (optional) <u>404-548-2696</u>	
				Email (optional) <u>shawntalloyd@yahoo.com</u>			

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>310 SW 62nd Blvd, Apt. 5</u>		City <u>Gainesville</u>	
State <u>FL</u>		Zip Code <u>32607</u>	
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence RECEIVED	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address
	TIME REC'D BY: SEP 25 2018 BLADEN CO. BD. OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)	
<u>09/25/18</u>	<u>X</u>
Date	Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

07 05 18

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: **GENERAL ELECTION** on **NOVEMBER 6, 2018**
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Whittington		First Name Jennifer		Middle Name E	Suffix [REDACTED]
Home Address (NC Residential Address.) 69 Blue Moon DR.				Mailing Address (If different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen	Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification number (NC Driver's License, NC Identification Card, or U.S. Social Security Number)			Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-27-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on May 8, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Singleton</u>	First Name <u>Samuel</u>	Middle Name <u>McRae</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>697 Dusty Road</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: ____/____/____		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC [REDACTED] <u>XX - XX</u> [REDACTED]		Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name <u>Sandra Singleton</u>	<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>697 Dusty Road</u>	Name of Corporation (If appointed legal guardian)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone
Requestor's Email			

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

02/24/2018
Date

X

02/24/2018
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
OCT 03 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Butner</u>		First Name <u>Shannon</u>		Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>148 Roger's Dr.</u>				Mailing Address (If different than home address.) [REDACTED]		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]						
You must provide at least one identification number: NC [REDACTED]			Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6/27/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Butner</u>		First Name <u>Shannon</u>		Middle Name	
Home Address (NC Residential Address.) <u>148 Rogers Dr</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>	Voter Registration No.	Phone	Email

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

OR Signature of Near Relative/Legal Guardian (if applicable)

1/23/18
Date

X
Date

Go to www.bladenco.org to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

RECEIVED
MAR 13 2018

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME _____ REC'D BY _____ PHONE: 910-862-6951
BLADEN CO. BD OF ELECTIONS @bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>GAUSE</u>		First Name <u>TANICE</u>		Middle Name <u>M.</u>	
Home Address (NC Residential Address.) <u>3300 Cabbage Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (SSN, Driver's License, etc.)			Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely			
Current Address (Address where you are currently stationed or living overseas.)		Transmit my ballot by: (Military/Overseas Voters Only)	
		<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
		Fax Number or Email Address	

1/11/18 Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

RECEIVED

MAR 13 2018

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Elec

Voter Information

Last Name <u>GAUSE</u>		First Name <u>JAMES</u>		Middle Name <u>M</u>	
Home Address (NC Residential Address.) <u>3300 Cabbage rd</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC ID Card, or U.S. Military ID Card)			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1-14-18
Date

X

Date



State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 04 2018

Exhibit 4.2.3.1.2

1436 of 2658

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

13

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name

Brisson

First Name

Keith

Middle Name

T

Home Address (NC Residential Address.)

2020 Center Rd

Mailing Address (If different than home address.)

City

Bladenboro

State

NC

Zip Code

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Bladen

Previous Name (if applicable)

If "No," indicate the date of your move:

You must provide at least one identification
NC License or ID Number

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

same as above

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

- ☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-25-18

Date

X

Date



15

Exhibit 4.2.3.1.2

1437 of 2658

State Absentee Ballot Request Form
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
BRISSON	Keith	T	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
2020 Center Road Rd			
City	State	Zip Code	
Bladenboro NC		28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1-1</u>			
You must provide at least one identification number NC License or ID Number		Registration No.	Phone (optional)
SSN X X			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
SAME AS ABOVE				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

12-26-17 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov. 6th 2018.

Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Martin</u>		First Name <u>Bryan</u>		Middle Name <u>Bernard</u>		Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>827 Moultrie Lane</u>				Mailing Address (if different than home address.) <u>PO Box 984</u>			
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1/1</u>			Voter Registration No. <u>51772</u>		Phone (optional) <u>910-879-6065</u>	Email (optional) <u>bbmunc10@gmail.com</u>	
[REDACTED] Social Security Number below, (or SSN) <u>XXX-XX-XXXX</u>							

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>714 A St NE, Apt 1</u>		City <u>Washington</u>	State <u>DC</u>	Zip Code <u>20002</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 09 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

Oct 9, 2018
Date

X
Signature

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

May 8th 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Martin

First Name

Bryan

Middle Name

Bernard

Suffix

Home Address (NC Residential Address.)

827 Monticue Lane

Mailing Address (if different than home address.)

PO Box 984

City

Elizabethtown

State

NC

Zip Code

28337

City

Elizabethtown

State

NC

Zip Code

28337

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move:

1/1

County of Residence

Bladen

Previous Name (if applicable)

on number below. (or see instructions)

X X X - X X -

Voter Registration No.

51772

Phone (optional)

910-879-6015

Email (optional)

bbmunc10@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

714 A S NE Apt 1

City

Washington

State

DC

Zip Code

20002

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.☐ Democratic☒ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse☐ brother/sister☐ parent☐ grandparent☐ stepparent☐ child☐ grandchild☐ stepchild☐ mother-in-law☐ father-in-law☐ son-in-law☐ daughter-in-law☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

RECEIVED

APR 12 2018

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

12 April 2018

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name <u>Gillespie</u>	First Name <u>Beverly</u>	Middle Name <u>A</u>	State <u>NC</u>		Zip Code <u>28337</u>
Home Address (NC Residential Address.) <u>2148 Mercer Mill Rd</u>			Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number <u>X X X</u>			Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 27 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely
 Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/27/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETH TOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) *Election*

Voter Information

Last Name <u>G. Mespie</u>		First Name <u>Beverly</u>		Middle Name <u>Anne</u>	
Home Address (NC Residential Address.) <u>2148 Mercer Mill Rd.</u>				Mailing Address (if different than home address.)	
City <u>Elizabeth Town</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XX</u>		Voter Registration No.		Phone (optional)	Email (optional)

RECEIVED
APR 20 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	TIME	REC'D BY
			BLADEN CO. BO. OF ELECTIONS	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/19/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Bullard</u>		First Name <u>Courtney</u>		Middle Name <u>Denise</u>	
Home Address (NC Residential Address.) <u>1168 Old Abbottsburg Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-27-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name Bullard		First Name Courtney		Middle Name Denise	
Home Address (NC Residential Address.) 1148 Old Abbottsburg Rd				Mailing Address (If different than home address.)	
City Bladenboro	State nc	Zip Code	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN X X	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1148 Old Abbottsburg Rd		City Bladenboro	State nc	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

RECEIVED

MAR 26 2018

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter

1-19-18

Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov. 6 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name DAVIS		First Name MARY ANN		Middle Name WILLIAMSON	Suffix
Home Address (NC Residential Address.) 50 LOUISE AVE.				Mailing Address (If different than home address.)	
City WHITE LAKE	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (SSN, Driver's License, etc.)			Voter Registration No. 000000000	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 50 Louise Ave.		City White Lake	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/02/18 X
Date

Date

Visit ncsbe.gov to check your voter registration or absentee voting status.

SEE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

OCT 04 2011

 TIME _____ REC'D BY _____
 BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name

Rimes

First Name

Joshua

Middle Name

Edwin

Home Address (NC Residential Address.)

590 Hickory Grove Ballpark Rd

Mailing Address (If different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

 Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Bladen

Previous Name (If applicable)

If "No," indicate the date of your move:

You must provide at least one identification

NC License or ID Number

Voter Registration No.

Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.☐ Democratic☐ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse☐ brother /sister☐ parent☐ grandparent☐ stepparent☐ child☐ grandchild☐ stepchild☐ mother-in-law☐ father-in-law☐ son-in-law☐ daughter-in-law☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/27/19

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name <u>Rimes</u>	First Name <u>Joshua</u>	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>590 Hickory Grove Ballpark Rd.</u>			Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	
If "No," indicate the date of your move:			Previous Name (if applicable)	
You must provide at least one identification number (NC ID, Driver's License, etc.)			Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepparent
		<input type="checkbox"/> legal guardian	<input type="checkbox"/> mother-in-law
			<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2/12/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

RECEIVED
MAR 13 2018

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME _____ REC'D BY _____ PHONE: 910-862-6951
BLADEN CO. BD. OF ELECTIONS bladenboe@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name <u>SINGLETARY</u>	First Name <u>JAMES</u>	Middle Name <u>K</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>216 WEBB-Faulk Rd</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
[REDACTED] SSN <u>XXX-XX-</u>		Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 238</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5-6-17
Date

X

Date

202

Exhibit 4.2.3.1.2

1448 of 2658

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

State Absentee Ballot Request Form
North Carolina
BLADEN COUNTY
RECEIVED
SEP 21 2018

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Norris</u>	First Name <u>Sarah</u>	Middle Name <u>S.</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>304 Village Street Apt 3B</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>		Registration No.	Phone (optional)
You must provide at least one identification number (NC Driver's License or ID Number, SSN, or Military ID Number) SSN: <u>X X X</u>		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6/2/2018
Date

X

Date

202

Exhibit 4.2.3.1.2

1449 of 2658



State Absentee Ballot Request

North Carolina

RECEIVED

MAR 13 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Norris	Sarah	S.	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
304 Village Street Apt. 3B			
City	State	Zip Code	
Bladenboro	NC	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____			
Social Security Number (or see instructions)		Voter Registration No.	Phone (optional)
[REDACTED] X X X - X [REDACTED]		Optional	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as above			
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	
	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:		Transmit my ballot by:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

7-10-2017 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Thompson</u>		First Name <u>C/ Fton</u>		Middle Name <u>✓</u>	
Home Address (NC Residential Address.) <u>3238 Center Road</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move:			Voter Registration No. Optional		Phone (optional)
You must provide at least one identification SSN <u>X</u>			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-2-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

1451 of 2658

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suff
Thompson	CLIFTON	V	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
3238 Center Road			
City	State	Zip Code	City
Bladenboro	NC	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>1-1-</u>		Previous Name (if applicable)	
You must provide at least one identification number NC License or ID Number		Registration No.	Phone (optional)
SSN		Email (optional)	
X X			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
SAME AS ABOVE				
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship		
(First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City		State	Zip Code	Requestor's Phone
				Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

12-22-17 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

202
MD

TIME _____ RECEIVED BY _____
BLADEN CO. CL. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Robinson</u>		First Name <u>Kimberly</u>		Middle Name <u>S</u>	
Home Address (NC Residential Address.) <u>303 PECAN ST 6B</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>XXXX</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-5-18X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 13 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

1. FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5/8/18
Election

Voter Information

Last Name <u>Robinson</u>		First Name <u>Kimberly</u>		Middle Name <u>Sue</u>	
Home Address (NC Residential Address.) <u>303 Pecan St. Apt U3</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC License or ID Number, SSN, etc.) <u>[REDACTED]</u> X <u>[REDACTED]</u>			Voter Registration No. (Optional)		Phone (optional) / Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>303 Pecan St Apt U3</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2

1454 of 2056



State Absentee Ballot Request Form North Carolina

RECEIVED

OCT 05 2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723
elections.sboe@ncsbe.gov

FAX: 919-715-0135

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name

TATUM

First Name

BENNETT

Middle Name

LYNWOOD

Suffix

Home Address (NC Residential Address.)

558 CAIN LOOP RD.

Mailing Address (If different than home address.)

City

ELIZABETHTOWN

State

NC

Zip Code

28337

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: / /

You must provide at least one identification number

NC license or ID Number

SSN

X X X

Registration No.

Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

558 Cain Loop Rd

City

Elizabethtown

State

NC

Zip Code

28337

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)


10-01-18

Date

X

Date

SEE REVERSE FOR ADDITIONAL INFORMATION

	<h2 style="margin: 0;">State Absentee Ballot Request Form</h2> <p style="margin: 0;">North Carolina</p>	NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov
---	---	--

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide Primary Election on 6 November 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information					
Last Name Ruffin	First Name David	Middle Name Devone	Suffix		
Home Address (NC Residential Address.) 982 Airport Road			Mailing Address (If different than home address.) P.O. Box 732		
City Bladenboro	State NC	Zip Code 28320	City Bladenboro	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number SSN <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div>			Registration No. Optional	Phone (optional)	Email (optional) druffin87@hotmail.com

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) 5004 Patuxent Riding Lane		City Bowie	State MD
		Zip Code 20715	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name _____			
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian </div> </div>			
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

15 Oct 2018

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1456 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKiver</u>		First Name <u>Jacqueline</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>42 Pearl Lloyd Rd</u>				Mailing Address (If different than home address.) <u>P.O. Box 133</u>	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/15/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

11/15/18

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McMillian</u>	First Name <u>Sherrie</u>	Middle Name <u>Annette</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>701 Richardson St</u>		Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: [REDACTED]			
You must provide at least one identification number (NC Driver's License, ID Card, or Social Security Number) [REDACTED]		Voter Registration No. (Optional)	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/15/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: MUNICIPAL ELECTION on 11/07/2017
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>M. Intyre</u>		First Name <u>Sandy</u>		Middle Name <u>Glenn</u>	
Home Address (NC Residential Address.) <u>817 Fox Street</u>				Mailing Address (If different than home address.) <u>817 Fox Street</u>	
City <u>Elizabeth town</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabeth town</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. _____		
			Phone (optional) <u>910-247-6398</u>		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>817 Fox Street</u>			City <u>Elizabeth town</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: _____					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

3427708 X
Date

Date



NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hines</u>		First Name <u>Sandra</u>		Middle Name <u>Leigh</u>	
Home Address (NC Residential Address.) <u>200 Village St Apt. 12B</u>				Mailing Address (If different than home address.) <u>-</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>-</u>	State <u>-</u>	Zip Code <u>-</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1-</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X</u>	Voter Registration No.		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 15 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10.12.18X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1460 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hines</u>	First Name <u>Saundra</u>	Middle Name <u>L</u>
Home Address (NC Residential Address.) <u>200 Village St. #12 B</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <u>X</u> SSN <u>X</u>		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 04 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-23-18 x

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

EXHIBIT 4.2.3.1.2

1461 of 2658



State Absentee Ballot Request Form

North Carolina

OCT 05 2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	State	Zip Code	
RHODY	MARY	C PONE	NC	28337	
Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
134 OLD WESLEY CHAPEL RD.					
City	State	Zip Code	City	State	Zip Code
ELIZABETHTOWN	NC	28337			
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: / /			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
134 Old Wesley Chapel RD		Elizabethtown	NC	28337
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to voter		
(First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City		State	Zip Code	
		Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable)
9.31.2018 X
Date

gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Collins</u>		First Name <u>IDA</u>		Middle Name	
Home Address (NC Residential Address.) <u>13654 Twisted Hickory Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>nc</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN <u>X X</u>	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter <u>[Redacted]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>5-22-2018</u>	Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Chipman</u>		First Name <u>Shanita</u>		Middle Name <u>Annette</u>	
Home Address (NC Residential Address.) <u>1605 Martin Luther King Jr</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC ID Card, or U.S. Military ID Card) <input checked="" type="checkbox"/>			Voter Registration No. (Optional)		Phone (optional) <u>910-973-9368</u>
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-13-18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

AUG 22 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Davis</u>		First Name <u>Kelly</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>1357 Tar Heel Ad.</u>				Mailing Address (if different than home address.)	
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification number NC Identification Number <u>[REDACTED]</u> X			Driver Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-29-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Davis</u>		First Name <u>Kelly</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>1357 Tar Heel Rd.</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Voter Registration No.		Phone	Email

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

OR Signature of Near Relative/Legal Guardian (if applicable)

X

2/10/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMACY

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Davis</u>	First Name <u>Kelly</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>1357 TARHEEL RD</u>		Mailing Address (if different than home address.)	
City <u>TARHEEL</u>	State <u>NC</u>	Zip Code <u>28392</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Registration No.	Phone (optional)
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/30/18

X

Date

201



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name <u>Dove</u>		First Name <u>AMANDA</u>		Middle Name <u>RUBY</u>	Suffix <u>F</u>	Date of Birth [REDACTED]	
Home Address (NC Residential Address.) <u>4455 OLD ABBOTTSBURG RD.</u>				Mailing Address (If different than home address.) <u>P.O. Box 573</u>			
City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1</u>			Voter Registration No. [REDACTED]		Phone (optional) <u>910-879-8031</u>	Email (optional)	
[REDACTED] on number below. (or see instructions) SSN <u>X X X - X X</u>							

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 573</u>		City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

RECEIVED
MAY 9 2018
BY
ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

8-17-17 X
Date

Date

201

Exhibit 4.2.3.1.2

1468 of 2658



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>DOVE</u>		First Name <u>STEPHEN</u>		Middle Name <u>LEE</u>	
Home Address (NC Residential Address.) <u>4455 OLD ABBOTTSBURG RD</u>				Mailing Address (If different than home address.) <u>P.O. Box 573</u>	
City <u>Bladenboro</u>		State <u>N.C.</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1-18</u>					
You must provide at least one identification number below. (for see instructions)				Voter Registration No.	
NC License or ID Number SSH <u>X X</u>				Phone <u>910-879-8409</u>	Email <u>DOVESBBQ@HOTMAIL.COM</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 573</u>				City <u>Bladenboro</u>		State <u>N.C.</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent					
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law					
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
		Name of Corporation (if appointed legal guardian)					
City		State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.)	
MAR 26 2010	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

TIME REC'D BY
BD. OF ELECTIONS

OR Signature of Near Relative/Legal Guardian (if applicable)

8/17/17 X
Date

Date

Go to www.ncsbe.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Wicker</u>	First Name <u>Fasey</u>	Middle Name <u>D</u>			
Home Address (NC Residential Address.) <u>3776 Twisted Hickory Rd</u>					
City <u>Elizabeth Town</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number SSN <u>XX</u>			Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
6/4/18 X
 Date Date



501

Exhibit 4.2.3.1.2

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State Absentee Ballot Request Form
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**I am requesting an absentee ballot for the: PRIMARY on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>WICKER</u>		First Name <u>KASSEY</u>		Middle Name <u>D</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>3776 TWISTED HICKORY</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1-1-</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>	Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

1-8-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

RECEIVED
SEP 21 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Dowless</u>	First Name <u>Donald</u>	Middle Name <u>W</u>			
Home Address (NC Residential Address.) <u>3776 Twisted Hickory Rd</u>			Mailing Address (If different than home address.)		
City <u>Elizabeth Town.</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number SSN <u>XXX</u>			Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>			City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

**State Absentee Ballot Request Form**
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**

I am requesting an absentee ballot for the:

Primary

on

5-18-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Dawless</u>		First Name <u>Donald</u>		Middle Name <u>Wayne</u>		Suffix [Redacted]	
Home Address (NC Residential Address) <u>3776 Twisted Hickory Rd</u>				Mailing Address (If different than home address.) [Redacted]			
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>				Registration No.		Phone (optional)	Email (optional)
You must provide at least one identification number NC License or ID Number		SSN <u>X X</u>	[Redacted]				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>3776 Twisted Hickory Rd</u>		City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: [Redacted] <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address [Redacted]		Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name

Dixon

First Name

Pamela

Middle Name

Sue

Home Address (NC Residential Address.)

84 Heritage Trail

Mailing Address (If different than home address.)

City

Bladenboro

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move:

You must provide at least one identification

SSN

X

County of Residence

Bladen

Previous Name (if applicable)

Voter Registration No. Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

84 Heritage Trail

City

Bladenboro

State

NC

Zip Code

28320

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9/5/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1474 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Guyton</u>		First Name <u>Tonya</u>		Middle Name <u>Annette</u>	
Home Address (NC Residential Address.) <u>1380 Suggs Taylor Rd</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN <u>X X</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-14-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name BENTON		First Name FRANKLIN		Middle Name CRAIG	
Home Address (NC Residential Address.) 2710 EAST BROAD ST.				Mailing Address (If different than home address.) P.O. BOX 743 Elizabethtown	
City Elizabethtown	State NC	Zip Code 28337	City Elizabethtown	State NC	Zip Code 28337
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN X	Voter Registration No. Optional		Phone (optional) Email (optional) RECEIVED OCT 22 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. BOX 743 ELIZABETHTOWN		City ELIZABETHTOWN	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother /sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-21-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on _____ Election Date
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Taylor</u>		First Name <u>Ashley</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>1746 Pleasant Grove Church Rd</u>				Mailing Address (if different than home address.)	
City <u>Dundoborn</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____					
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> X		SSN <input checked="" type="checkbox"/> X	Registration No.	Mail	

RECEIVED
APR 03 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

OR Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Exhibit A.2.3.1.2

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

1477 of 2658

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Dewolf	Randy	Scott	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
13 Bethel Church RD		PO Box 112	
City	State	Zip Code	City
Dublin	NC	28332	Bladenboro
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>1-1</u>		Bladen	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional) Email (optional)
NC License or ID Number	SSN		
	XX		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		TIME	REC'D BY	State	Zip Code
		BLADEN CO. BD. OF ELECTIONS			
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.					
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:			
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.			
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely			
Current Address (Address where you are currently stationed or living overseas.)		Transmit my ballot by:	
		(Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

3/30/18 X

Date

Date

gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name BALLARD		First Name DONALD		Middle Name	Suffix
Home Address (NC Residential Address.) 266 SHORT HILL RD.				Mailing Address (if different than home address.)	
City TAR HEEL	State NC	Zip Code 28392	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: <u> / / </u>					
You must provide at least one identification NC License or ID Number		SSN	Registration No. Optional	Phone (optional)	Email (optional)
X					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 266 Short Hills Rd		City Tar Heel	State nc	Zip Code 28392
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

001 01 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable) <u>X Candy M. Ballard</u>	Date <u>10-1-18</u>
--	------------------------

206

201



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951

elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-2018
Election Date

Voter Information

Last Name Kelly	First Name Michael	Middle Name Glenn	Suffix	Date of Birth
Home Address (NC Residential Address.) 3332 Old Abbottsburg Road		Mailing Address (If different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)	
If "No," indicate the date of your move:		Registration No.	Phone (optional)	Email (optional)
You must provide at least one identification number (NC LI...)				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

RECEIVED

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

1-18-18 X

Date

Date

827-3568
Joe Wilson

Exhibit 4.2.3.1.2

1480 of 2658



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Gibson</u>		First Name <u>Carrie</u>		Middle Name <u>Smith</u>		Suffix [REDACTED]	
Home Address (NC Residential Address.) <u>9592 NC 41 W</u>				Mailing Address (If different than home address.)			
City <u>Bladenboro</u>		State	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]				Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification NC License or ID Number [REDACTED]				Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>				City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
				<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address				<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
				Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-28-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Gibson</u>	First Name <u>Carrie</u>	Middle Name <u>Smith</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>9592 NC 41 Hwy W</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable) <u>[REDACTED]</u>
If "No," indicate the date of your move: <u>[REDACTED]</u>		TIME <u>APR 12 2018</u>	REC'D BY <u>[REDACTED]</u>
You must provide at least one identification number <u>[REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u>	Place (County) of Birth (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>[REDACTED]</u>

Signature of Voter (voter only)

[REDACTED]
Date

4-3-18
Date

Signature of Near Relative/Legal Guardian (if applicable)

X
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 27 2018

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

TIME REC'D BY

BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Melvin</u>		First Name <u>Patricia</u>		Middle Name <u>Melvin</u>			
Home Address (NC Residential Address.) <u>859 River Rd</u>				Mailing Address (If different than home address.) <u>959 Dewitt Gooden Rd</u>			
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1</u>							
You must provide at least one identification number: NC License or ID Number		SSN <u>X X X</u>	Registration No.		Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>David Richard Gooden</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input checked="" type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>959 Dewitt Gooden Rd</u>		Name of Corporation (If appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

X David Richard Gooden

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P 201

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Havell</u>		First Name <u>Leona</u>		Middle Name <u>R</u>	
Home Address (NC Residential Address.) <u>213 E. Elm St</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> <input checked="" type="checkbox"/> X SSN <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>213 E. Elm St</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
<div style="text-align: center;">RECEIVED OCT 15 2018 REC'D BY CLERK OF BO. OF ELECTIONS</div>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of County of Residence (if different than voter's)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9/5/18
Date

X
Date



North Carolina

Exhibit 4.2.3.1.2

1484 of 2658

JULIA CYPRESS JR.
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKinnon</u>		First Name <u>Beonka</u>		Middle Name <u>Nashell</u>	
Home Address (NC Residential Address.) <u>292 Kennedy Store Rd</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>Riegelwood</u>		State <u>NC</u>	Zip Code <u>28456</u>	City [REDACTED]	State [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)				Voter Registration No. Optional	Phone (optional)
NC License or ID Number SSN <u>X X</u> [REDACTED]					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) [REDACTED]			State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone <u>(910) 74-0396</u>	Requestor's Email <u>OCT 22 2018</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

10-17-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Gunther</u>		First Name <u>Kendall</u>		Middle Name <u>Hedgepeth</u>	
Home Address (NC Residential Address.) <u>1190 Bladen Union Church Rd.</u>				Mailing Address (if different than home address.)	
City <u>Fayetteville</u>	State <u>NC</u>	Zip Code <u>28306</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable) <u>Kendall Lauren Hedgepeth</u>	
If "No," indicate the date of your move:			Voter Registration No. <u>Optional</u>	Phone (optional)	Email (optional) <u>Kendall712@aol.com</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1190 Bladen Union Church Rd.</u>		City <u>Fayetteville</u>	State <u>NC</u>	Zip Code <u>28306</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepchild
				<input type="checkbox"/> mother-in-law
				<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1 6-29-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY**RECEIVED**

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CRIME UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Deaver</u>		First Name <u>Ray</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>114 Midway Dr.</u>				Mailing Address (If different than home address.) <u>PO Box 1057</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XX</u>			Voter Registration No. <u>[REDACTED]</u>		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1057</u>		City <u>Bladenboro</u>	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5-27-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
Elizabethtown NC 28337

MAR 13 2018

TIME REC'D BY PHONE: 910-862-6951
BLADEN CO. BO. OF ELECTIONS @bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Deaver	Ray			
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)		
114 Midway Dr				
City	State	Zip Code	City	State
Bladenboro	NC			
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
Voter Registration No.		Phone (optional)	Email (optional)	
X X X - X X -				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
P.O. Box 1057		Bladenboro	NC	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-10-17 X

Date

Date

202

MD



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Tyndall</u>		First Name <u>ELLA</u>		Middle Name <u>R</u>	
Home Address (NC Residential Address.) <u>208 WEST WALNUT ST - 6A</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move:		Voter Registration No. <u>[REDACTED]</u>		Phone (optional)	Email (optional)
You must provide at least one identification number (NC License or ID Number)		[REDACTED]		[REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

7-14-18

X

Date

Date

202

Exhibit 4.2.3.1.2

1489 of 2658



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 13 2018TIME _____ REC'D BY PHONE: 910-862-6951
BLADEN CO. ED. OF ELECTIONS @bladenco.org

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
Elizabethtown NC 28337

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.)**Voter Information**

Last Name <u>Tyndall</u>		First Name <u>ELLA</u>		Middle Name <u>E</u>	
Home Address (NC Residential Address.) <u>208 WEST WALNUT ST - 6A</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification (SSN, Driver's License, etc.) <u>[REDACTED]</u> <input checked="" type="checkbox"/>			Voter Registration No. (Optional)		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

96017X
Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Severine</u>	First Name <u>Tony</u>	Middle Name <u>L</u>	State <u>NC</u>		Zip Code <u>28320</u>
Home Address (NC Residential Address.) <u>12031 Hwy 242 S</u>			Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number SSN <u>XXX</u>			Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-2-18 X

Date

Date

202



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

RECEIVED

MAR 13 2018

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME _____ REC'D BY _____ PHONE: 910-862-6951
BLADEN CO. BD. OF ELECTIONS elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Severine</u>		First Name <u>Tony</u>		Middle Name <u>L</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>12031 Hwy 242 South</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
[REDACTED] ion number below. SSN <u>X X X - X</u>		[REDACTED] Registration No.		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/13/17X



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

mar 8 - 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Wix	First Name Debra	Middle Name Lynn	State [Redacted]
Home Address (NC Residential Address.) 155 Old Abbeyway		Mailing Address (If different than home address.) Same	
City Bladenboro	State NC	Zip Code 28320	City [Redacted]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if different) [Redacted]
If "No," indicate the date of your move: [Redacted]		Registration No.	Phone
You must provide at least one identification number: NC License or ID Number SSN X X		TIME REC'D BY MAR 27 2018 BLADEN CO. BD. OF ELECTIONS m.wix 77@gmail.com	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [Redacted]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [Redacted]		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable) [Redacted]	OR Signature of Voter [Redacted]	Date 3-27-18	Date
---	--	-----------------	------

Visit SBE.gov to check your voter registration or absentee voting status.

202



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Elect

Voter Information

Last Name SHAW	First Name BILLY	Middle Name R
Home Address (NC Residential Address.) 114 midway Drive		Mailing Address (if different than home address.)
City Bladenboro	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number: [redacted] SSN: [redacted]		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 1057		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed near relative/guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email
TIME _____ REC'D BY _____ BLADEN CO. BD. OF ELECTIONS				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-13-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 13 2018

Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>SHAW</u>		First Name <u>BILLY</u>		Middle Name <u>R</u>	
Home Address (NC Residential Address.) <u>114 Midway Drive</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Voter Registration No.		Phone	Email

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1057</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

OR Signature of Near Relative/Legal Guardian (if applicable)

9/14/17
Date

X

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1495 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

201

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Deaver</u>	First Name <u>Joann</u>	Middle Name
Home Address (NC Residential Address.) <u>132 Dogwood Rd.</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Driver Registration No. (Optional)
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/27/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 13 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS
PHONE 910-862-6951
elections@bladenco.org

TO: BLADEN COUNTY BOARD OF ELECTIONS

Local Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5/8/18
Election Date

Voter Information

Last Name <u>Deaver</u>	First Name <u>Josann</u>	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>132 Dogwood Rd</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move:		Voter Registration No. Optional	Phone (optional)	Email (optional)
You must provide at least one identification [REDACTED]				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

2-8-18
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

 TIME _____ REC'D BY _____
 BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>BUNN</u>		First Name <u>STEPHEN</u>		Middle Name <u>ZACHARY</u>	
Home Address (NC Residential Address.) <u>56 FAYETTEVILLE Rd</u>				Mailing Address (If different than home address.)	
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City		State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number			Voter Registration No. Optional		
			Phone (optional) <u>549 8284</u>		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>56 FAYETTEVILLE Rd</u>		City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Brown</u>	First Name <u>Shantese</u>	Middle Name <u>Nicole</u>
Home Address (NC Residential Address.) <u>162 McAdam Dr</u>		Mailing Address (If different than home address.) <u>P.O. Box 1437</u>
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move: _____		Previous Name (if applicable)
You must provide at least one identification SN <u>X</u>		Voter Registration No. Optional
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: _____			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-3-18

X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form

North Carolina

RECEIVED

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

OCT 08 2018

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name LONG		First Name ROBIN		Middle Name BAXLEY	Suffix [REDACTED]	
Home Address (NC Residential Address.) 277 PAGES LAKE RD.				Mailing Address (If different than home address.)		
City SAINT PAULS	State NC	Zip Code 28384	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]			Voter Registration No.		Phone (optional)	Email (optional)
You must provide at least one identification NC license or ID Number [REDACTED]			[REDACTED]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 277 Pages Lake Rd		City St. Pauls	State NC	Zip Code 28384
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
[REDACTED]		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
[REDACTED]		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter [REDACTED]

Signature of Near Relative/Guardian (if applicable)

9/29/18
Date

X
Date

NCsbe.gov to check your voter registration or absentee voting status.

SEE PAGE 2 FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

1500 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

TIME _____ RECEIVED BY _____
BLADEN COUNTY BOARD OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Rogers</u>		First Name <u>Jabrel</u>		Middle Name <u>T</u>	
Home Address (NC Residential Address.) <u>401 Quail St</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>WIX</u>		First Name <u>Angela</u>		Middle Name <u>Marie</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>155 Old Abbottsburg Rd.</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>				Voter Registration No. <u>[REDACTED]</u>		Phone (optional)	Email (optional)
Your NC Voter ID number below. (or see instructions) <u>[REDACTED]</u> X X - X X <u>[REDACTED]</u>							

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-17-18 X
 Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 1502 of 2658
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5/8/18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Knepper</u>		First Name <u>Stephanie</u>		Middle Name <u>Nicole</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>290 Willoughby Rd</u>			Mailing Address (If different than home address.) <u>PO Box 1099</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XX</u> SSN <u></u>			Voter Registration No. <u></u> Phone (optional) <u></u> Email (optional) <u></u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u></u>		City <u></u>	State <u>NC</u>	Zip Code <u></u>
TIME REC'D BY <u>APR 03 2018</u>				
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u></u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u></u>		Name of Corporation (if appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u></u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u></u>

Signature of Near Relative/Legal Guardian (if applicable)

03/27/18

X

Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Troy</u>		First Name <u>Matthew</u>		Middle Name <u>Nicholas</u>	
Home Address (NC Residential Address.) <u>55 Troy Willis Dr</u>				Mailing Address (If different than home address.)	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>XXX</u>	Registration No.	Phone (optional) <u>876-5976</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 10 2018
REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Fax Number or Email Address	

Signature of Voter (voter only)	Signature of Relative/Near Guardian (if applicable)
<u>X</u>	<u>X</u>
<u>10/9/18</u>	
Date	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Troy</u>		First Name <u>Matthew</u>		Middle Name <u>Nicholas</u>	
Home Address (NC Residential Address.) <u>55 Troy Willis Dr</u>				Mailing Address (If different than home address.)	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XX</u> SSN <u>XXXX</u>			Registration No.	Phone (optional) <u>874-5976</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 20 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

4/20/18
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name <u>Outlaw</u>		First Name <u>Heather</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>2868 Grimsley Farm Rd</u>				Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move:						
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

RECEIVED
MAR 26 2018

BY
ELECTIONS

Date

applicable)

7/13/17
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Wix</u>	First Name <u>Michael</u>	Middle Name <u>Drayne</u>
Home Address (NC Residential Address.) <u>155 Old Abbottsburg Rd.</u>		Mailing Address (if different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Registration No. Optional
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

RECEIVED
MAR 26 2018
TIME REC'D BY
BLADEN CO. BOARD OF ELECTIONS

Sig

Signature of Near Relative/Legal Guardian (if applicable)

3-17-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Eason</u>	First Name <u>Virginia</u>	Middle Name <u>Kay</u>
Home Address (NC Residential Address.) <u>401 Edwards Avenue</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <u>XX</u> SSN <u>XX</u>		Registration No. Optional
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>401 Edwards Avenue</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 12 2018

Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
ELECTIONS@BLADENCO.ORG

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5/8/18

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
EASON	Virginia	KAY	
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)	
401 Edwards Ave.			
City	State	Zip Code	City
Bladenboro	NC	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: 1/1		Bladen	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number	SSN		Email (optional)
	XX		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		State	Zip Code
P.O. Box 261		N.C.	28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		Relationship	
		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:		Transmit my ballot by:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.		<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		(Military/Overseas Voters Only)	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

12-27-18

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P. 201

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Deaver</u>		First Name <u>Kelly</u>		Middle Name <u>J</u>	
Home Address (NC Residential Address.) <u>158. Dogwood Rd.</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number			Voter Registration No. Optional	Phone (optional)	Email (optional)

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>132. Dogwood Rd</u>		City <u>Bladenboro</u>	State	Zip Code
If voter is registered as unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8.23.18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name Pidgeon		First Name Rhonda		Middle Name G	
Home Address (NC Residential Address.) 11233 Hwy 242 South				Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			Voter Registration No. <input type="checkbox"/> Phone (optional) <input type="checkbox"/> Email (optional) <input type="checkbox"/>		

RECEIVED
OCT 15 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 1101		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-13-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Wright</u>	First Name <u>Pamela</u>	Middle Name <u>Michelle</u>	State <u>NC</u>	Zip Code <u>28320</u>
Home Address (NC Residential Address.) <u>1206 W Seaboard St</u>		Mailing Address (if different than home address.) <u>P.O. Box 1295</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>1/1/18</u>		Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number SSN <u>X X X</u>		Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1295</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother /sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5-12-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Wright</u>		First Name <u>Pamela</u>		Middle Name <u>Michelle</u>	
Home Address (NC Residential Address.) <u>1206 W Seaboard St</u>			Mailing Address (If different than home address.) <u>PO Box 1295</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number <u>X X</u>		SSN <u>[REDACTED]</u>		Registration No. <u>[REDACTED]</u>	
				Phone (optional) <u>[REDACTED]</u>	

RECEIVED

APR 13 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1295</u>		City <u>Bladenboro</u>		State <u>NC</u>		Zip Code <u>28320</u>	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (If appointed legal guardian)					
City	State	Zip Code	Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/8/18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

PO BOX 512

Elizabethtown NC 28337

 PHONE: 910-862-6951 FAX: 910-862-7820
 elections@bladenco.org

 RECEIVED
 MAR 1 2018

TIME REC'D BY

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Goo den	First Name Denise	Middle Name	Suffix
Home Address (NC Residential Address.) 10849 NC-242 South		Mailing Address (if different than home address.)	
City Bladenboro	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: 1-1		Registration No.	Phone (optional)
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 504		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X 12/26/2017

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

1514 of 2658

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name <u>Smith</u> Jeffrey	First Name <u>Jeffrey</u>	Middle Name <u>Edward</u>	Suffix [Redacted]
Home Address (NC Residential Address.) <u>211 Butters Loop Rd</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: [Redacted]			
You must provide at least one identification number: NC License or ID Number SSN <u>X X</u>		Registration No.	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature


Signature of Near Relative/Legal Guardian (if applicable)

Date
12-13-17

X

Date

K4



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

501

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Miller</u>		First Name <u>Morgan</u>		Middle Name	S
Home Address (NC Residential Address.) <u>117 Gabe Johnson Dr</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Registration No.		Phone	Email

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 35</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature <u>[Redacted]</u>	OR Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>2/16/18</u>	Date

www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

MANIPULATING OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name Melvin		First Name Alphonso		Middle Name Lammont	
Home Address (NC Residential Address.) 171 Avenue Ave			Mailing Address (If different than home address.)		
City White Oak	State NC	Zip Code 28399	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: / /			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number		SSN	Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) 171 Avenue Ave		City White Oak	State NC
		Zip Code 28399	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)	
10.25.18 X	Date

allot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
 BE.gov to check your voter registration or absentee voting status.



North Carolina

AUG 22 1951

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

Physical Address

Mailing Address

PO Box 512
Elizabethtown

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 5, 2024
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Last Name Green		First Name Betty		Middle Name Elizabeth	
Home Address (NC Residential Address.) 698 Old NC 20 Rd.				Mailing Address (If different than home address.)	
City St. Paul's		State NC	Zip Code 28384	City	State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: [Redacted]				Voter Registration No. Optional	Phone (optional)
Provide at least one identification SSN [Redacted]				Email (optional)	

Absentee Mailing Address (Where should the ballot be mailed?) 698 DLD NC 20 Rd.			City St. Pauls		State NC		Zip Code 28384	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan								
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No								
If "Yes," what is the name and address of the hospital or facility:								
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:								
Requestor's Name				<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent				
				<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law				
				<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address				Name of Corporation (If appointed legal guardian)				
City			State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

☐ U.S. citizen residing outside the U.S. temporarily (overseas assignment).

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

 Mail☐ Fax

 Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-1-18

X

Date _____

201

Exhibit 4.2.3.1.2

1518 of 2658



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name Cheshire		First Name Kimberly		Middle Name Denise	
Home Address (NC Residential Address) 417 South Main Street P.O. Box 1014, 510 4th Street				Mailing Address (if different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification SSN X			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 1014		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

REC'D BY
BD. OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

7/13/17
X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 1519 of 2658
PO BOX 512
Elizabethtown NC 28357
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Dewolf</u>	First Name <u>Lynne</u>	Middle Name <u>Marie</u>	Suffix
Home Address (NC Residential Address.) <u>13 Bethel Church RD</u>		Mailing Address (If different than home address.) <u>PO Box 112</u>	
City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>	City <u>Bladenboro</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	
NC License or ID Number <u>XX</u>	SSN <u>[REDACTED]</u>	Phone (optional)	Email (optional)

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>	TIME <u>APR 03 2018</u>	REC'D BY <u>BLADEN CO. BD. OF ELECTIONS</u>	State <u>NC</u>	Zip Code <u>28332</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/30/18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BOE OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

40

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Smith</u>	First Name <u>Brian</u>	Middle Name <u>Lynn</u>
Home Address (NC Residential Address.) <u>9074 Hwy 41 E</u>		Mailing Address (If different than home address.)
City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move: _____		Previous Name (if applicable)
You must provide at least one identification number (e.g., driver's license, NC ID card, etc.)		Phone (optional)
Voter Registration No. (Optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>9074 Hwy 41 E</u>		City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother /sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-5-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

1521 of 2658

301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Webb</u>		First Name <u>JERRY</u>		Middle Name <u>Nathan</u>		State <u>NC</u>	
Home Address (NC Residential Address.) <u>1222 Kennedy Store Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>			
City <u>Riegelwood</u>		State <u>NC</u>		Zip Code <u>28456</u>		City <u>[REDACTED]</u>	
State <u>NC</u>		Zip Code <u>28456</u>		City <u>[REDACTED]</u>		State <u>[REDACTED]</u>	
Zip Code <u>[REDACTED]</u>		City <u>[REDACTED]</u>		State <u>[REDACTED]</u>		Zip Code <u>[REDACTED]</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>				County of Residence		Previous Name (if applicable)	
You must provide at least one identification number below (see instructions) NC License or ID Number <u>SSN</u> <u>X X X</u>				Voter Registration No. <u>[REDACTED]</u> Optional		Phone (optional)	
Email (optional)				Phone (optional)		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>		State <u>[REDACTED]</u>		Zip Code <u>[REDACTED]</u>	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility: _____							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (If appointed legal guardian)		Requestor's Phone <u>910.655.2126</u>		Requestor's Email <u>[REDACTED]</u>	
City <u>[REDACTED]</u>		State <u>[REDACTED]</u>		Zip Code <u>[REDACTED]</u>		Requestor's Email <u>[REDACTED]</u>	

RECEIVED

OCT 15 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

10/14/2018

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>SPEER</u>	First Name <u>Kimberly</u>	Middle Name <u>K</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>549 NC Hwy 410</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>[REDACTED]</u>			
You must provide at least one identification number (NC Driver's License, NC ID Card, or US Passport) <u>[REDACTED]</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-20-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Washington</u>		First Name <u>Tracy</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>6714 Hwy 53 West</u>				Mailing Address (If different than home address.) <u>Same</u>	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification SSN <u>X</u>			Voter Registration No. Citation		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/23/18
Date

X

Carmelo Washington

8/23/2018
Date



State Absentee Ballot Request Form

North Carolina

AUG 17 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Johnson</u>		First Name <u>Vernessa</u>		Middle Name <u>Ann</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>4015 Waverly Ridge way Apt 104</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> <input checked="" type="checkbox"/> <u>[REDACTED]</u> <input type="checkbox"/>			Voter Registration No. <u>[REDACTED]</u> Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)
☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-29-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections 1525 of 2658
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Burpen</u>	First Name <u>Micah</u>	Middle Name <u>Dustin</u>	Suffix
Home Address (NC Residential Address.) <u>290 Walloughby Rd</u>		Mailing Address (if different than home address.) <u>P.O. Box 1099</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1-1-</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XX</u> SSN <u>[REDACTED]</u>		Voter Registration No.	Phone (optional)
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6/3/27/18
Date

X

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

RECEIVED

OCT 08 2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

BLADEN CO. BD. OF ELECTIONS

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name COUNCIL		First Name LAFATH		Middle Name CHANTAL		Suffix [REDACTED]	
Home Address (NC Residential Address.) 6329 CHICKENFOOT RD.				Mailing Address (if different than home address.) [REDACTED]			
City SAINT PAULS		State NC	Zip Code 28384	City [REDACTED]		State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]				Voter Registration No. [REDACTED]		Phone (optional) [REDACTED]	
You must provide at least one identification NC License or ID Number [REDACTED]				Email (optional) [REDACTED]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 6329 Chickenfoot Rd.		City St. Pauls	State NC	Zip Code 28384
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix) [REDACTED]		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address City State Zip Code [REDACTED]		Name of Corporation (if appointed legal guardian) [REDACTED]		
Requestor's Phone [REDACTED]		Requestor's Email [REDACTED]		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-1-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Wright</u>		First Name <u>Timothy</u>		Middle Name <u>Wayne</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>53 Baxley Wright Lane</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification [REDACTED] SSN <u>X</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 601</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-14-18

X

Date

Date

201



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name WRIGHT	First Name TIMOTHY	Middle Name W	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 64 BAXLEY-WRIGHT LN		Mailing Address (If different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: 1/1/		Previous Name (if applicable)		
Voter Registration No. XXXX-XX-		Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 61		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently residing or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

D BY
OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

9-8-17 X

Date

Date



State Absentee Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lewis</u>	First Name <u>Monica</u>	Middle Name <u>R.</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>304 Quail St</u>		Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>L</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: [REDACTED]		Voter Registration No. Optional	Phone (optional)
You must provide at least one Identification number [REDACTED]		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/20/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name <u>Moretz</u>	First Name <u>Lisa</u>	Middle Name <u>Marie</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>210 Pine Ridge Cir</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move:				
You must provide at least one identification number (NC Driver's License, NC ID Card, or Social Security Number) [REDACTED]		Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>210 Pine Ridge Cir</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1-9-18
Date

X

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

1531 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Mock		First Name Danielle		Middle Name [REDACTED]	
Home Address (NC Residential Address.) 706 Spinners Court #21				Mailing Address (If different than home address.) [REDACTED]	
City Bladenboro		State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>				County of Residence Bladen	Previous Name (If applicable)
You must provide at least one identification number below (for see instructions) [REDACTED]				Voter Registration No. Optional	Phone (optional) Email (optional)

RECEIVED

OCT 04 2018

TIME RECD BY
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18
Date

X

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name KINLAW		First Name MARK		Middle Name WAYNE		Suffix	Date of Birth
Home Address (NC Residential Address.) 7961 NC 242 HWY. S.				Mailing Address (If different than home address.)			
City BLADENBORO		State NC	Zip Code 28320	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence BLADEN		Previous Name (if applicable)	
If "No," indicate the date of your move: _____				Voter Registration No.		Phone (optional)	Email (optional)
You must provide at least one identification NC License or ID Number							

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: _____					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable) 10-24-18	Date
---	------

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hester</u>		First Name <u>Barry</u>		Middle Name <u>Wade</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>401 Anne St</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (If applicable) <u>[REDACTED]</u>	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			TIME <u> </u> REC'D BY <u> </u> BLADEN CO. BD. OF ELECTIONS		
Voter Registration No. <u>[REDACTED]</u> X X X - X X X			Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
<u>[REDACTED]</u>	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
<u>[REDACTED]</u>	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	TIME <u> </u> REC'D BY <u> </u> BLADEN CO. BD. OF ELECTIONS	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/9/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name <u>Dowless</u>	First Name <u>Samuel</u>	Middle Name <u>Paul</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>2766 Twisted Hickory Rd</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1-1-18</u>		Previous Name (If applicable) RECEIVED APR 12 2018		
[REDACTED] on number below. (or see instructions) SSN <u>X X X - X X</u>		Voter Registration No. [REDACTED]	Phone (optional) RE [REDACTED]	Phone (optional) OF [REDACTED]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2766 Twisted Hickory Rd</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-1-18 X



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Dowless</u>	First Name <u>Jessica</u>	Middle Name <u>Karen</u>	Suffix [REDACTED]		
Home Address (NC Residential Address.) <u>2766 Twisted Hickory</u>			Mailing Address (if different than home address.) [REDACTED]		
City <u>E-town</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number SSN <u>X X X</u>			Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2766 Twisted Hickory Rd.</u>		City <u>E-town</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5-23-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Dowless</u>		First Name <u>Jessica</u>		Middle Name <u>Karen</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>2766 Twisted Hickory Rd</u>				Mailing Address (if different than home address.)			
City <u>E-town</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u>E-town</u>		State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move:				Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification number NC <u>[REDACTED]</u>				Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State		Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.							
<input type="checkbox"/> Democratic		<input checked="" type="checkbox"/> Republican		<input type="checkbox"/> Libertarian		<input type="checkbox"/> Non-partisan	
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name		<input type="checkbox"/> spouse		<input type="checkbox"/> brother/sister		<input type="checkbox"/> parent	
		<input type="checkbox"/> child		<input type="checkbox"/> grandchild		<input type="checkbox"/> stepchild	
		<input type="checkbox"/> son-in-law		<input type="checkbox"/> daughter-in-law		<input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)					
City		State		Zip Code		Requestor's Phone	
						Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

2-10-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on **NOVEMBER 6, 2018**

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Rachel	First Name Erica	Middle Name Remy	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 613 River R.D		Mailing Address (if different than home address.) Same		
City Whiteoak	State NC	Zip Code 28399	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: 6/6/05/2018		County of Residence Bladen		
You must provide at least one identification number below. (or see instructions) NC License ID Number [REDACTED] XX - XX - [REDACTED]		Voter Registration No. Optional		
		Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)
☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-26-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Ellis	First Name Samantha	Middle Name Mae	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 339 Butters Cemetery		Mailing Address (If different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name Linda Mae Ellis	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address 339 Butters Cemetery	Name of Corporation (if appointed legal guardian)		
City Bladenboro	State NC	Zip Code 28320	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Linda Ellis

8-29-18

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18

Election

Voter Information

Last Name <u>Ellis</u>		First Name <u>Samanthia</u>		Middle Name <u>mae</u>	
Home Address (NC Residential Address.) <u>339 Butters Cemetery Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number NC License or ID Number		SSN	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>339 Butters Cemetery Rd</u>				City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

TIME REC'D BY
MAR 26 2010
BLADEN CO. BD. OF ELECTIONS

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name PITTMAN	First Name MICHAEL	Middle Name GREG
Home Address (NC Residential Address.) 1200 SOUTH MAIN STREET		Mailing Address (If different than home address.)
City BLADENBORO	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN
Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Phone (optional)
Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

RECEIVED

SEP 25 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-17-18 X

Date

Date

	State Absentee Ballot Request Form North Carolina		NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov	

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information					
Last Name <u>Deaver</u>		First Name <u>Loretta</u>		Middle Name <u>Jane</u>	
Home Address (NC Residential Address.) <u>1166 Shannon Dr</u>			Mailing Address (if different than home address.)		
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applies)		
You must provide at least one identification NC License or ID Number <u>[Redacted]</u>			Voter Registration No. <u>[Redacted]</u>		
			Phone (optional) TIME <u>[Redacted]</u> Email (optional) REC'D BY <u>[Redacted]</u>		
			BLADEN CO. BD. OF ELECTIONS		

Absentee Voting Information					
Absentee Mailing Address (Where should the ballot be mailed?) <u>1166 Shannon Dr</u>			City <u>Clarkton</u>		State <u>W.C.</u>
					Zip Code <u>28433</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.					
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City		State	Zip Code	Requestor's Phone	
				Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable)
<u>[Redacted]</u>
Date <u>4/24/18</u>
Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General election on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name VANVARK		First Name MELISSA		Middle Name ANN	
Home Address (NC Residential Address.) 227 HILLCREST DR.				Mailing Address (If different than home address.)	
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen	Previous Name (if applicable) Melissa Fischer	
If "No," indicate the date of your move:			Voter Registration No.	Phone (optional) (910) 866-4608	Email (optional) melissa.vanvark@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 227 Hillcrest Drive		City Elizabeth town	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sig

Signature of Near Relative/Guardian (if applicable)

10/3/18
Date

X
Date

NCSBE.gov to check your voter registration or absentee voting status.

FOR ADDITIONAL INFORMATION

P-60



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Evers</u>	First Name <u>Tammy</u>	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>190 Main St.</u>		Mailing Address (If different than home address.)		
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification [REDACTED] SSN [REDACTED] X		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/12/17 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cromartie</u>		First Name <u>John W.</u>		Middle Name <u>W</u>			
Home Address (NC Residential Address.) <u>128 Charlie Dr</u>				Mailing Address (If different than home address.)			
City <u>Council</u>		State <u>NC</u>	Zip Code <u>28434</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>							
You must provide at least one identification number NC License or ID Number		SSN	Registration No.		Phone (optional)	Email (optional)	
<u>X X X</u>					<u>910-499-3423</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 10 2018
REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10/9/18 X
Date

Date

Go to [www.bladenco.org](#) to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cromartie</u>		First Name <u>Johnnie</u>		Middle Name <u>W</u>	
Home Address (NC Residential Address.) <u>128 Charles Dr</u>				Mailing Address (If different than home address.)	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XX</u>			Registration No.	Phone (optional) <u>910-499-3423</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 20 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-20-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Butler</u>	First Name <u>Frances</u>	Middle Name <u>H</u>	Suffix
Home Address (NC Residential Address.) <u>413 Ash St</u>		Mailing Address (If different than home address.) <u>P.O. Box 344</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)	
You must provide at least one identification number below (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number <u>XX</u>	SSN <u>XX</u>		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 344</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
APR 13 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

4-12-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>Carrie</u>		Middle Name <u>M</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>PO 233 Sandpit Rd</u>				Mailing Address (If different than home address.) <u>P.O. Box 642</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]			Voter Registration No. [REDACTED]		Phone (optional) [REDACTED]	
You must provide at least one identification number NC [REDACTED]			Optional		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/14/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Montgomery</u>		First Name <u>Charles</u>		Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>62 Montgomery</u>				Mailing Address (if different than home address.)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]			Voter Registration No. <i>Optional</i>		Phone (optional)	Email (optional)
You must provide at least one identification number [REDACTED]						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

County Commissioner Re-Election Election Date November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name JOHNSON	First Name DONTA	Middle Name DELXSEAN	Suffix [REDACTED]
Home Address (NC Residential Address.) 61 PEARLINE DR.		Mailing Address (If different than home address.) 606 East Broad Street	
City KELLY	State NC	Zip Code 28448	City Elizabeth Town State NC Zip Code 28337
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		County of Residence Bladen	
If "No," indicate the date of your move: 1-27-18		Previous Name (if applicable) NONE	
You must provide at least one identifier: NC License or ID Number [REDACTED]		Voter Registration No. [REDACTED]	Phone (optional) 910-705-5759
		Email (optional) NONE	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) [REDACTED]	City RECEIVED	State NC	Zip Code 28337
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: [REDACTED]			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name Trace D Morrison	<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address 606 East Broad Street	Name of Corporation (If appointed legal guardian) [REDACTED]		
City Elizabeth Town	State NC	Zip Code 28337	Requestor's Phone 910-705-5759
		Requestor's Email NONE	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address [REDACTED]

Signature of Near Relative/Guardian (if applicable)

10-8-18 Trace Morrison 10-8-18
Date Signature Date

ncsbe.gov to check your voter registration or absentee voting status.

VERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Robinson</u>		First Name <u>Quentin</u>		Middle Name <u>Bronze</u>	
Home Address (NC Residential Address.) <u>2909 West Broad Street #2942</u>				Mailing Address (if different than home address.) <u>P.O. Box 2942</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-15-18 X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2

1551 of 2656



State Absentee Ballot Request Form North Carolina

RECEIVED
OCT 05 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name

LEWIS

First Name

YVONNE

Middle Name

Suffix

Home Address (NC Residential Address.)

121 CYPRESS ST.

Mailing Address (If different than home address.)

City

BLADENBORO

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below:

SSN

X X

Registration No.

Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-1-18 X

Date

Date

to check your voter registration or absentee voting status.

OR ADDITIONAL INFORMATION



State Absentee Request Form
North Carolina

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. RD. OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
1552 of 2658
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name	First Name	Middle Name	Suffix	Date of Birth	
McAllister	Bobby	Wayne			
Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
44 George Kelly Rd			P.O. Box 821		
City	State	Zip Code	City	State	Zip Code
Clarkton	NC	28433	Clarkton	NC	28433
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: ____/____/____			Bladen		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number	SSN		Optional		
	X X X - X X -				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
<u>7-13-18</u> X
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election*

Voter Information

Last Name <u>WATERS</u>		First Name <u>John</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>1109 Williams St,</u>				Mailing Address (If different than home address.) <u>SAME</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>SAME</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable)		
You must provide at least one identification number <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8/2/18
 Date

X
 Date



State Absentee Ballot Request Form

North Carolina

AUG 17 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Election*

Voter Information

Last Name <u>Brown</u>		First Name <u>Joi</u>		Middle Name <u>Cassandra</u>	
Home Address (NC Residential Address.) <u>356 Happy Valley Rd</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC ID, Driver's License, etc.)			Voter Registration No. (Optional)		Phone (optional) / Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-17-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Taylor</u>	First Name <u>Billy</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>864 Hickory Grove Ballpark Rd.</u>		Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>		Voter Registration No.	Phone (optional)
[Redacted] ion number below. (or see instructions) SSN <u>X X X - X X</u>		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother /sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepparent
		<input type="checkbox"/> legal guardian	<input type="checkbox"/> mother-in-law
			<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	
	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/1/17

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on May 8, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Butler</u>		First Name <u>Adam</u>		Middle Name <u>C</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>4536 211 Hwy West</u>				Mailing Address (If different than home address.) <u>PO Box 912</u>			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable) RECEIVED	
If "No," indicate the date of your move: <u>[REDACTED]</u>				Voter Registration No. <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>	
You must provide at least one identification number <u>[REDACTED]</u>				TIME <u>MAR 27 2018</u> REC'D BY <u>[REDACTED]</u>		BLADEN CO. BD. OF ELECTIONS	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 912</u>		City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-16-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Avant		First Name Amber		Middle Name Warwick		Suffix	Date of Birth
Home Address (NC Residential Address.) 792 Hickman Road				Mailing Address (If different than home address.) 792 Hickman Road			
City Bladenboro		State NC	Zip Code 28320	City Bladenboro		State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move:							
You must provide at least one identification number: NC License or ID Number [REDACTED] SSN [REDACTED]							
Registration No. [REDACTED]				Phone (optional)		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 792 Hickman Road		City Bladenboro		State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City		Requestor's Phone			
Requestor's Email		Requestor's Email			

RECEIVED

OCT 24 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

RECEIVED

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

X

10/23/18

10/26/18

Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

TIME REC'D BY

BLADEN COUNTY BOARD OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Drayton</u>		First Name <u>Johnny</u>		Middle Name <u>Matthew</u>	
Home Address (NC Residential Address.) <u>PO Box 1032 (110 Rail Road)</u>				Mailing Address (If different than home address.) <u>P.O. Box 1032</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move:			Voter Registration No. <u>[Redacted]</u>		Phone (optional)
You must provide at least one identification number (NC Driver's License, NC ID Card, or Social Security Number) <u>[Redacted]</u>			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[Redacted]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-13-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. CLERK OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P40

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Mitchell</u>	First Name <u>Felicia</u>	Middle Name <u>Ann</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>8140 NC Hwy 53 West</u>		Mailing Address (if different than home address.) <u>PO Box 843</u>		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>E-Town</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [REDACTED]		Voter Registration No. [REDACTED]		
		Phone (optional)		
		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 843</u>		City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/3/2018

X

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Deaver	First Name Donnie	Middle Name
Home Address (NC Residential Address.) 1291 Zion Hill Church Rd		Mailing Address (If different than home address.)
City Bladenboro	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____		
You must provide at least one identification NC License or ID Number	SSN	Voter Registration No.
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1291 Zion Hill Church Road		City Bladenboro	State N.C.	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
(First) (Middle) (Last) (Suffix)	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> father-in-law	
Requestor's Address	Name of Corporation (If appointed legal guardian) OCT 24 2018			
City	State	Zip Code	Requestor's Phone	Requestor's Email BY BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-20-18 X

Date

Date

lot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
E.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on _____ Election Date
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name DEAVER	First Name DONNIE	Middle Name _____	Suffix _____	Date of Birth _____
Home Address (NC Residential Address.) 1291 ZION HILL CHURCH RD.		Mailing Address (If different than home address.) 1291 Zion Hill Church Rd.		
City BLADENBORO	State NC	Zip Code 28320	City Bladenboro	State N.C.
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: _____		Previous Name (if applicable) _____		
You must provide at least one identification: NC License or ID Number _____ SSN _____ <input checked="" type="checkbox"/> _____		Voter Registration No. _____ Phone (optional) 910 242-2373 Email (optional) _____		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1291 Zion Hill Church Road		City Bladenboro	State N.C.	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information, and relationship to the voter:				
Requestor's Name Donnie Deaver		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address 1291 Zion Hill Church Road		Name of Corporation (if appointed legal guardian) TIME REC'D BY BLADEN CO. BD. OF ELECTIONS		
City Bladenboro	State N.C.	Zip Code 28320	Requestor's Phone 242-2373	Requestor's Email _____

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) _____	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address _____

Signature of Voter X _____ Date _____	Signature of Near Relative/Guardian (if applicable) X _____ Date _____
--	---

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

v2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Rhodie</u>	First Name <u>John</u>	Middle Name <u>Henry</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>4141 NC Hwy 242 So.</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>C 28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>[REDACTED]</u>			
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Voter Registration No. Optional <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>4141 NC Hwy 242 So.</u>		City <u>Elizabethtown</u>	State <u>N.C</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Geraldine Rhody</u>	<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandchild <input type="checkbox"/> stepparent	RECEIVED OCT 12 2018		
Requestor's Address <u>4086 NC Hwy 242 So.</u>	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	TIME <u>REC'D BY</u> BLADEN CO. BO. OF ELECTIONS		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910 991-6386</u>	Requestor's Email <u>geraldinerhody@yahoo.com</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-12-18 X Geraldine Rhody 10-12-18
Date Signature Date



State Absentee Ballot Request

North Carolina

TO: Bladen County Board of Elections

Physical Address

11 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

MAR 13 2018

TIME _____ REC'D BY _____ PHONE: 910-862-6951
BLADEN CO. BO. OF ELECTIONS

FAX: 910-862-7820

Email: bladenboe@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Montgomery</u>	First Name <u>Robert</u>	Middle Name <u>Lee</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address) <u>303 Pecan St. Apt. 4D</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: ____/____/____		Previous Name (if applicable)		
Voter Registration No. <u>[REDACTED]</u> [REDACTED] X X X - X X [REDACTED]		Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-11-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

2202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name Lewis		First Name Sheila		Middle Name Ann	
Home Address (NC Residential Address.) 7391 Martin Luther King				Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [REDACTED]			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
<p>RECEIVED OCT 15 2018</p> <p>TIME REC'D BY: BLADEN CO. BO. OF ELECTIONS</p>				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in voting. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
OCT 04 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Council</u>		First Name <u>Eugene</u>		Middle Name [REDACTED]	
Home Address (NC Residential Address.) <u>184 Clem Council Rd</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification: NC License or ID Number [REDACTED] <input checked="" type="checkbox"/> X			Voter Registration No. (Optional) [REDACTED]		
[REDACTED]			Phone (optional) [REDACTED]		
[REDACTED]			Email (optional) [REDACTED]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-30-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. CLERK OF ELECTIONS

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Marlowe</u>		First Name <u>Margaret</u>		Middle Name <u>Louise</u>	
Home Address (NC Residential Address.) <u>1823 Martin Luther King Drive</u>				Mailing Address (If different than home address.) <u>1823 Martin Luther King Drive</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/18</u>			Voter Registration No. Optional		Phone (optional) <u>910 247 6273</u>
Y N [Redacted]			[Redacted]		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1823 Martin Luther King Drive</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-7-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Marlowe</u>		First Name <u>Margaret</u>		Middle Name <u>Louise</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>1823 Martin Luther King Drive</u>				Mailing Address (If different than home address.) <u>1823 Martin Luther King drive</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1/</u>						
Voter Registration No. (Optional) <u>XX - XX</u>			Phone (optional) <u>910 247 6273</u>		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1823 Martin Luther King Drive</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-7-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. CLERK OF ELECTIONS

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Skinner	First Name James	Middle Name Edward	Suffix	Date of Birth
Home Address (NC Residential Address.) 1823 Martin Luther King Dr		Mailing Address (If different than home address.) 1823 Martin Luther King Drive		
City Elizabethtown	State NC	Zip Code 28337	City Elizabethtown	State NC
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen	
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable)	
Y [REDACTED] number below. (or see instructions) N [REDACTED]			Voter Registration No. Optional [REDACTED]	Phone (optional) 910-605-1546
X X X - X X - [REDACTED]			Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1823 Martin Luther King Drive		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-7-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Lewis</u>		First Name <u>Katrina</u>		Middle Name <u>Middle</u>	
Home Address (NC Residential Address.) <u>6987 Chickenfoot Rd.</u>				Mailing Address (If different than home address.)	
City <u>St Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>	City <u>St Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC License, Driver's License, etc.)			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan		<div style="text-align: center;"> RECEIVED OCT 15 2018 BLADEN CO. BD. OF ELECTIONS </div>		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-7-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS C FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name Jessup		First Name Lizzie		Middle Name Mae	
Home Address (NC Residential Address.) 390 Twisted Hickory Rd Apt 10				Mailing Address (If different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC License, Driver's License, etc.)			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely Current Address (Address where you are currently stationed or living overseas.)		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address
---	--	---

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name YARBROUGH		First Name BRENDA		Middle Name SMITH	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 78 J HILL ACRES RD.				Mailing Address (If different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (If applicable)	
If "No," indicate the date of your move: [REDACTED]						
You must provide at least one identification: NC License or ID Number [REDACTED] SSN [REDACTED] <input checked="" type="checkbox"/> Other Registration No. [REDACTED] Phone (optional) [REDACTED] Email (optional) [REDACTED]						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 78 J. Hill Acres RD		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> sibling <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	
Requestor's Email		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

Date **10-5-18** **X** Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Purdie</u>	First Name <u>James</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>220 Mt Olive Rd</u>		Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:		Previous Name (if applicable)	
You must provide at least one identification number (NC ID, Driver's License, etc.)		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

RECEIVED

OCT 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/18/18
Date

X Arletta Purdie
Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Purdie</u>	First Name <u>Sames</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>270 mt Olive Rd</u>		Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC <u>XXXXXXXXXX</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

RECEIVED

Absentee Voting Information

APR 20 2018

Absentee Mailing Address (Where should the ballot be mailed?)	City	TIME	REC State	Zip Code
		BLADEN CO. BO. OF ELECTIONS		
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-18-18
 Date

X Carleth Purdie 4-18-18
 Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Gowens</u>	First Name <u>Glenn</u>	Middle Name <u>Dwayne</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>727 MUK JR</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move:			
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> <input checked="" type="checkbox"/> SSN <u>[REDACTED]</u>		Driver Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 198</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

TIME

REC'D BY

ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

3-17-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____

BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKoy</u>		First Name <u>Bernard</u>		Middle Name <u>B.</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>3395 Cromartie Rd</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move:						
You must provide at least one identification number (NC ID, Driver's License, etc.) [REDACTED] X [REDACTED]			Voter Registration No. (Optional)		Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-27-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1576 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKee</u>		First Name <u>Gregory</u>		Middle Name <u>Heather</u>	
Home Address (NC Residential Address.) <u>412 Pearl Lloyd Rd</u>				Mailing Address (if different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28394</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>X</u> SSN <u>X</u>		Voter Registration No. Optional		Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/15/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

OCT 08 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Townsend</u>	First Name <u>Geneva</u>	Middle Name <u>H</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>89 Townsend Rd.</u>		Mailing Address (if different than home address.)		
City <u>Garland</u>	State <u>N.C.</u>	Zip Code <u>28441</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number (NC License, Driver's License, or other government-issued photo ID) [REDACTED]		Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>89 Townsend Rd.</u>		City <u>Garland</u>	State <u>N.C.</u>	Zip Code <u>28441</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-8-18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 514578 of 2658
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Whitfield</u>	First Name <u>Charles</u>	Middle Name <u>T</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>10759 St College St APT 1E</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable) <u>[REDACTED]</u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. Optional <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>

Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED] 7-27/18 X
Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Whitfield		First Name Charles		Middle Name T	Suffix [REDACTED]
Home Address (NC Residential Address.) 10759 st college APT 1E				Mailing Address (If different than home address.)	
City Clarkton	State NC	Zip Code 28433	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen	Previous Name (if applicable) APR 02 2018	
If "No," indicate the date of your move: 1/1/			Voter Registration No. Optional	Phone (optional)	REC'D BY BLADEN COUNTY BOARD OF ELECTIONS
You must provide at least one identification number below. (or see instructions) NC LI [REDACTED] XX - XX - [REDACTED]					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother /sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

03/19/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 13 2018

 TIME REC'D BY
 BLADEN CO. BO. OF ELECTIONS

 Physical Address
 101 S Cypress St
 Elizabethtown NC

 Mailing Address
 PO Box 512
 Elizabethtown NC 28337

 28337
 PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date
Voter Information

Last Name <u>Davis</u>	First Name <u>Latoya</u>	Middle Name <u>M</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>131 Airport Rd.</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
Previous Name (if applicable)				
If "No," indicate the date of your move:				
You must provide at least one identification number (NC Driver's License, State ID, etc.)		Voter Registration No. (Optional)		
[REDACTED]		Phone (optional) Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-18-18 X
 Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
JUN 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McMillian</u>		First Name <u>CHARLES</u>		Middle Name <u>S</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>1703 Martin Luther King Dr.</u>				Mailing Address (If different than home address.) <u>11</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification number from the following: NC [REDACTED]			Driver Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-15-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Astry</u>	First Name <u>Tony</u>	Middle Name <u>Jermaine</u>			
Home Address (NC Residential Address.) <u>131 Foxcroft</u>			Mailing Address (if different than home address.)		
City <u>Elizabeth Town</u>	State <u>N.C</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>131 Foxcroft</u>		City <u>Elizabethtown</u>	State <u>n.c</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> father-in-law	
Requestor's Address	Name of Corporation (if applicable)			
City	State	Zip Code	Requestor's Phone	Requestor's Email
<div style="text-align: center;"> RECEIVED OCT 15 2018 TIME _____ REC'D BY _____ BLADEN CO. BD. OF ELECTIONS </div>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

10/10/18

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: **GENERAL ELECTION** on **NOVEMBER 6, 2018**
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Johnson	First Name Dimmie	Middle Name G.			
Home Address (NC Residential Address.) 2830 Johnson town Rd.			Mailing Address (If different than home address.)		
City Elizabethtown	State N.C.	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number [REDACTED] SSN [REDACTED]			Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 2830 Johnson town Rd		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 15 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/10/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Robison</u>	First Name <u>Marilyn</u>	Middle Name <u>C</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>2998 Tar Heel Hwy Rd</u>		Mailing Address (If different than home address.) <u>P.O. Box 14</u>	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>White Oak</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>[REDACTED]</u>		NC Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
You must provide at least one identification number NC License or ID Number <u>[REDACTED]</u>		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian) TIME <u>REC'D BY</u> BLADEN CO. BD. OF ELECTIONS			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/12/18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>McKoy</u>		First Name <u>Teresa</u>		Middle Name <u>J.</u>	
Home Address (NC Residential Address.) <u>132 Blue moon DR.</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-3-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 07 2018
TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Montgomery</u>		First Name <u>Janice</u>		Middle Name <u>Ann</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>62 Montgomery Road</u>			Mailing Address (If different than home address.) <u>62 Montgomery Road</u>		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable)		
Y N [REDACTED] in number below. (or see instructions)			Voter Registration No. Optional [REDACTED]		
[REDACTED] X X X - X X [REDACTED]			Phone (optional) <u>910-872-4630</u>		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>62 Montgomery Road</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Janice Montgomery</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/5/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

p25

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Bright</u>	First Name <u>Hope</u>	Middle Name <u>Zanetta</u>
Home Address (NC Residential Address.) <u>7548 Mercer Mill Rd.</u>		Mailing Address (If different than home address.)
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Voter Registration No. Optional Phone (optional) <u>[REDACTED]</u> Email (optional)

TIME _____ FILED BY _____
BLADEN CO. CLERK OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/29/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Election*

Voter Information

Last Name <u>Gill</u>		First Name <u>Laronda</u>		Middle Name <u>G</u>	
Home Address (NC Residential Address.) <u>205 E Gill St</u>				Mailing Address (If different than home address.) <u>PO Box 2652</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>bladen</u>		
If "No," Indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC ID <u>X</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8/27/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

9502

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Gray</u>		First Name <u>Gwendolyn</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>209 Mercer Mill Rd Apt 20</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable) <u>[REDACTED]</u>
If "No," indicate the date of your move: <u>[REDACTED]</u>					
You must provide at least one identification number NC License or ID Number <u>[REDACTED]</u>		SSN <u>[REDACTED]</u>	Voter Registration No. Optional <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>	Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>[REDACTED]</u>				
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
[REDACTED]

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address
[REDACTED]

Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED]

9-6-18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 590 of 2658

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Grap</u>	First Name <u>Gwendolyn</u>	Middle Name <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>2934 Mercer Mill Rd</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move: <u>[REDACTED]</u>		Previous Name (if applicable) <u>[REDACTED]</u>
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>
Voter Registration No. Optional <u>[REDACTED]</u>		Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> son-in-law	<input type="checkbox"/> brother/sister <input type="checkbox"/> grandchild <input type="checkbox"/> daughter-in-law	<input type="checkbox"/> parent <input type="checkbox"/> stepchild <input type="checkbox"/> legal guardian	<input type="checkbox"/> grandparent <input type="checkbox"/> mother-in-law <input type="checkbox"/> stepparent <input type="checkbox"/> father-in-law
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

RECEIVED

APR 30 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
[REDACTED]

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address
[REDACTED]

Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED]

4/30/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Banks</u>	First Name <u>Sadie</u>	Middle Name <u>B</u>	Suffix <u>Mrs</u>
Home Address (NC Residential Address.) <u>36 Banks Dr</u>		Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Bladen</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable) <u>APR 02 2018</u>
If "No," indicate the date of your move:		Phone (Optional)	REC'D BY BLADEN CO. BO. OF ELECTIONS
You must provide at least one identification number (NCL) <u>X</u>		Registration No. Optional	TIME

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother /sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3 26-18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections

P. O. BOX 512

Elizabethtown, NC 28337

 PHONE: 910-862-6951 FAX: 910-862-7820
 elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cromartie</u>		First Name <u>Sheena</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>777 Clyde Hatcher Rd</u>				Mailing Address (If different than home address.)	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN <u>X X X</u>	Registration No.	Phone (optional) <u>910-645-2629</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

 RECEIVED
 OCT 10 2018
 TIME
 REC'D BY
 BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable)

10/9/18 X
 Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cromatic</u>		First Name <u>Sheena</u>		Middle Name <u>Lacoe</u>		[REDACTED]	
Home Address (NC Residential Address.) <u>777 Clyde Hatcher Rd</u>				Mailing Address (if different than home address.) [REDACTED]			
City <u>Council</u>		State <u>NC</u>	Zip Code <u>28434</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/1</u>							
You must provide at least one identification number NC License or ID Number <u>XX X</u>		SSN <u>[REDACTED]</u>		Registration No.		Phone (optional) <u>9108723267</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

RECEIVED
APR 25 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

4/24/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Troy</u>		First Name <u>Paul</u>		Middle Name <u>JR</u>	
Home Address (NC Residential Address.) <u>318 Lucy's Drive</u>			Mailing Address (if different than home address.) <u>318 Lucy's Drive</u>		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable) RECEIVED		
You must provide at least one identification number: NC License or ID Number <u>XX</u> SSN <u>XXXX</u>			Phone (optional) <u>APR 13 2018</u>		
			TIME REC'D BY BLADEN CO. BD. OF ELECTIONS		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>318 Lucy's Drive</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
4/13/18 X
 Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
 1595 of 2658
 PO BOX 512
 Elizabethtown NC 28337
 PHONE: 910-862-6951 FAX: 910-862-7820
 elections@bladenco.org

201

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Priest</u>		First Name <u>Shelia</u>		Middle Name <u>Richardson</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>357 Lennon Bay Drive</u>				Mailing Address (if different than home address.) <u>same</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) <small>NC License or ID Number</small> <u>XX</u>			<small>Voter Registration No.</small> <small>Phone (optional)</small> <small>Email (optional)</small>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address	

TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

12/29/2017 X
 Date

Date

Go to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McCoy</u>		First Name <u>Joyce</u>		Middle Name <u>A</u>	
Home Address (NC Residential Address.) <u>26 Red Hill St</u>				Mailing Address (if different than home address.) [REDACTED]	
City <u>CLARKTON</u>		State <u>NC</u>	Zip Code <u>28433</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X</u> [REDACTED]				Voter Registration No. <u>910</u>	Phone (optional) <u>286-1857</u>
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 15 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature [REDACTED]	Signature of Relative/Near Guardian (if applicable) <u>10/13/18</u> X
Date	Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

p15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name Regans		First Name Satoria		Middle Name L	
Home Address (NC Residential Address.) 1873 Twisted Hickory Rd				Mailing Address (If different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
RECEIVED OCT 15 2018 BLADEN CO. BO. OF ELECTIONS				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother / sister <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if applicable)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name LEGANS	First Name Satoria	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 1873 Twisted Hickory Rd		Mailing Address (if different than home address.)		
City Elizabethtown	State NC	Zip Code 28337	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: 1/1/		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC [REDACTED] XX-XX [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1-4-2018 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on May 8th 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
JACOBS	TAVUNNA			
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)		
390 Twisted Hickory Rd Apt. 12				
City	State	Zip Code	City	State
Elizabethtown	NC	28337		
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No. <u>RECEIVED</u> (optional)		
NC License or ID Number		APR 03 2018		
SSN				
X X X				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be sent?)		State	Zip Code
Same			
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/26/19

X

Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 17 2018
TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Kilpatrick</u>		First Name <u>Tony</u>		Middle Name <u>Neguanis</u>	
Home Address (NC Residential Address.) <u>109 Sandpiper Rd</u>				Mailing Address (If different than home address.) <u>PO box 1541</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC State ID, or US Passport)			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-14/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bordeaux</u>		First Name <u>Charles</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.)				Mailing Address (if different than home address.) <u>PO BOX 1482</u>	
City	State	Zip Code	City	State	Zip Code
			<u>Elizabethtown</u>	<u>NC</u>	<u>28337</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>	Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO BOX 1482</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian) RECEIVED APR 20 2018		
City	State	Zip Code	Requestor's Phone	Requestor's Email TIME REC'D BY BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Bobbie Borden 4-16-18
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Johnson</u>	First Name <u>Lizzie</u>	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>46 Blue Moon Dr</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]				
You must provide at least one identification number: NC License [REDACTED]		Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-29-18X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
1603 of 2658
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Graham</u>	First Name <u>Ledell</u>	Middle Name	Suffix <u>Sr</u>
Home Address (NC Residential Address.) <u>2188 Hwy 701N</u>		Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Bladen</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional	Phone (optional)
NC License or ID Number SSN <u>X X X - X X</u>			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent	
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law	
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Sig [Redacted]

Signature of Near Relative/Legal Guardian (if applicable)

8-10-18
Date

X Wendell Graham

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McGill</u>		First Name <u>Bennie</u>		Middle Name <u>Lee</u>	
Home Address (NC Residential Address) <u>1434 Baldwin Branch Chr. Rd</u>				Mailing Address (If different than home address.) <u>Same</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable) <u>Same</u>	
If "No," indicate the date of your move: <u>1/1/18</u>					
You must provide at least one identification number: NC license or ID Number <u>XX</u>		Registration No.		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1434 Baldwin Branch Chr. Rd.</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name <u>Bennie L. McGill</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address <u>Gloria McGill</u>		Name of Corporation (If appointed) <u>None</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>991-5271</u>
Requestor's Email <u>NA</u>			

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable)

X Gloria McGill

10/17/18

Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

1605 of 2658
Ch 14-146
OF
ADDRESS
PIS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Rose</u>		First Name <u>Adam</u>		Middle Name <u>G</u>	
Home Address (NC Residential Address.) <u>93 Blue moon Dr</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC License or ID Number, ISSN, etc.)			Voter Registration No. (Optional)		
[Redacted]			Phone (optional)		
[Redacted]			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>93 Blue moon Dr</u>		City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-10-18

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY SIGNING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Guyton</u>		First Name <u>Ben</u>		Middle Name <u>Ellis</u>	
Home Address (NC Residential Address.) <u>203 W Jennifer St</u>				Mailing Address (If different than home address) [REDACTED]	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)	
You must provide at least one identifier: [REDACTED]				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8/21/18

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

80

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name English		First Name Dan		Middle Name J	
Home Address (NC Residential Address.) 15731 Hwy 53 West				Mailing Address (If different than home address.)	
City White Oak	State NC	Zip Code 28399	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move:			Voter Registration No. Optional		Phone (optional)
You must provide at least one identification [Redacted] X [Redacted]			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

RECEIVED

OCT 08 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

ALL on Nov 4, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name YOUNG		First Name LUCY		Middle Name MITCHELL	
Home Address (NC Residential Address.) 32 J AND L DR.				Mailing Address (If different than home address.)	
City LAKE WACCAMAW	State NC	Zip Code 28450	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
Voter Registration No. [REDACTED]			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as Above		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature

Signature of Near Relative/Guardian (if applicable)

9-27-18
Date

X

Date

www.ncsbe.gov to check your voter registration or absentee voting status.

FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

1609 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202
W

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name HYATT	First Name TERESA	Middle Name SINGLETARY
Home Address (NC Residential Address.) 415 BERRY LEWIS ROAD		Mailing Address (if different than home address.)
City BLADENBORO	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number [REDACTED] SSN [REDACTED]		Phone (optional)
Voter Registration No. Optional		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	Name of Corporation (if appointed by the corporation)	
City	State	Zip Code	Requestor's Phone
Requestor's Email			

RECEIVED

SEP 25 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/16/2018 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

RECEIVED

MAR 13 2018

TIME REC'D BY PHONE: 910-862-6951
BLADEN CO. BO. OF ELECTIONS

Mailing Address
PO Box 512
Elizabethtown NC 28337

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hyatt</u>	First Name <u>Teresa</u>	Middle Name <u>Singleton</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>415 Berry Lewis Road</u>		Mailing Address (If different than home address.) <u>415 Berry Lewis Road</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>[REDACTED]</u>		Previous Name (if applicable)	
You must provide at least one identification number (NC Driver's License, NC ID Card, or Social Security Number) <u>[REDACTED]</u>		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>415 Berry Lewis Road</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5/18/2018
Date

Date

201
wit

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name KELLY		First Name JIMMY		Middle Name CECIL	
Home Address (NC Residential Address.) 19338 NC 410 HWY				Mailing Address (If different than home address.) PO BOX 1140	
City BLADENBORO	State NC	Zip Code 28320	City BLADENBORO	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number: [REDACTED] SSN: [REDACTED]			Voter Registration No. Optional		Email (optional)
			Phone (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO BOX 1140		City BLADENBORO	State NC	Zip Code 28320
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

SEP 25 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)
☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/26/2018 X
Date

Date



State Absentee Ballot Form

North Carolina

RECEIVED
AUG 17 2018
TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Smith</u>		First Name <u>Tamika</u>		Middle Name <u>Hope</u>	
Home Address (NC Residential Address.) <u>1103 Peanut Plant Rd.</u>				Mailing Address (If different than home address.) <u>P.O. Box 427</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC ID Number, or U.S. Social Security Number)			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-8/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Elect*

Voter Information

Last Name <u>DAVIS</u>		First Name <u>Deborah</u>		Middle Name <u>Smith</u>	
Home Address (NC Residential Address.) <u>1563 Tar Heel Rd.</u>				Mailing Address (If different than home address.)	
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC License or ID Number)			Voter Registration No. (Optional)		
<input checked="" type="checkbox"/> <u>[Redacted]</u>			Phone (optional)		
<input checked="" type="checkbox"/> <u>[Redacted]</u>			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/80/18
Date

X

Date

P-60



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-9-18
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>DAVIS</u>		First Name <u>Deborah</u>		Middle Name <u>Smith</u>	
Home Address (NC Residential Address.) <u>1563 Tar Heel Rd.</u>				Mailing Address (if different than home address.)	
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification [Redacted] SSN [Redacted] X			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)


Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date

	State of North Carolina North Carolina		NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov	

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Elect

Voter Information					
Last Name <u>Jessup</u>		First Name <u>Ethan</u>		Middle Name <u>Andrew</u>	
Home Address (NC Residential Address.) <u>1838 NC Hwy 53 West</u>				Mailing Address (If different than home address.) <u>Same</u>	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)	
You must provide at least one identification NC License or ID Number		Voter Registration No. <u>Opt out</u>		Phone (optional) <u>910-991-5454</u>	
				Email (optional) <u>Faithwarrior69@yahoo.com</u>	

Absentee Voting Information					
Absentee Mailing Address (Where should the ballot be mailed?) <u>1838 NC Hwy 53 West</u>				City <u>Elizabethtown</u>	State <u>NC</u>
				Zip Code <u>28337</u>	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	
				TIME REC'D BY: <u>APR 27 2018</u> BLADEN CO. BD. OF ELECTIONS	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)	
<u>4-25-18</u>	<u>X</u>
Date	Date

CSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Wax</u>		First Name <u>Karen</u>		Middle Name <u>McElveen</u>	
Home Address (NC Residential Address.) <u>134 Henry Mote Drive</u>				Mailing Address (If different than home address.) <u>Same</u>	
City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one Identification number NC License or ID Number		SSN <u>X X X</u>	Registration No.	Phone (optional) <u>910 874-0561</u>	Email (optional) <u>kmac0561@gmail.com</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City		State	Zip Code	Requestor's Phone
				Requestor's Email TIME REC'D BY BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

Signature Date <u>10-16-18</u>	Date <u>10-16-18</u>
--	-------------------------

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



Star Absentee Ballot Request Form

North Carolina

AUG 22

 TIME _____ REC'D BY _____
 BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

RECEIVED
 GENERAL ELECTION

I am requesting an absentee ballot for the:

 on NOVEMBER 6, 2018
 Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>English</u>		First Name <u>Elizabeth</u>		Middle Name <u>Ann</u>	
Home Address (NC Residential Address.) <u>15731 HWY 534</u>				Mailing Address (if different than home address.)	
City <u>White Oak</u>		State <u>N.C.</u>	Zip Code <u>28399</u>	City	State
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move:		Voter Registration No.		Phone (optional)	Email (optional)
You must provide at least one identification NC License or ID Number		Voter Registration No.		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)
☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-3-18 X
 Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>ELLISON</u>	First Name <u>BUCKSON</u>	Middle Name <u>m.</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>10898 S College St</u>		Mailing Address (If different than home address.)		
City <u>Clarktown</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [REDACTED] SSN [REDACTED]		Voter Registration No. [REDACTED] Phone (optional) [REDACTED] Email (optional) [REDACTED]		

TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

0/22/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1

TO: BLADEN COUNTY BOARD OF ELECTIONS
Physical Address
301 S Cypress St
Elizabethtown NC
28337
Mailing Address
PO Box 512
Elizabethtown
60
PHONE: 910-862-6951
bladen.boe@ncsbe.gov
FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Holloway</u>	First Name <u>Christopher</u>	Middle Name <u>Reynolds</u>
Home Address (NC Residential Address.) <u>737 Old NC 20 Rd</u>		Mailing Address (if different than home address.) [Redacted]
City <u>St Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
Previous Name (if applicable)		
If "No," indicate the date of your move:		
You must provide at least one identification number: NC License or ID Number [Redacted] SSN [Redacted]		voter Registration No. Optional
Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/1/18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McDonald</u>	First Name <u>Ronald</u>	Middle Name <u>Lynn</u>		
Home Address (NC Residential Address.) <u>925 Old NC 20 Rd</u>		Mailing Address (if different than home address.)		
City <u>Saint Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1-</u>		Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number SSN <u>X X</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>925 Old NC 20 Rd</u>		City <u>Saint Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

5-8-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Adams	First Name Mary	Middle Name Frances	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 11316 Center Rd.		Mailing Address (If different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number (NC ID, Driver's License, etc.)		Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same As Above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently residing, including overseas.)

RECEIVED

2018

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

BY
ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

3-22-18


Date

X Steve D. Lueders

3-22-18

Date

201

	State Absentee Ballot Request Form North Carolina
--	---

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>White</u>		First Name <u>Kimberly</u>		Middle Name <u>Jewell</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>18775 Hwy 410</u>				Mailing Address (If different than home address.) <u>P.O. Box 917</u>			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (If applicable)	
If "No," indicate the date of your move: <u>1-1-</u>							
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>		Registration No.		Phone <u>910-874-3117</u>	Email <u>White2018@yoptron.com</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 917</u>		City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas)		Fax Number or Email Address	

TIME REC'D BY

SIGNATURE OF NEAR RELATIVE/LEGAL GUARDIAN (if applicable)
10-3-17 X
Date

P-10



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

2-8-2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name WEAVER	First Name MICHAEL	Middle Name LANE	Suffix [REDACTED]
Home Address (NC Residential Address.) 9072 TWISTED HICKORY RD.		Mailing Address (If different than home address.) [REDACTED]	
City BLADENBORO	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN	Previous Name (if applicable)
If "No," indicate the date of your move: [REDACTED]			
You must provide at least one identification number [REDACTED]		Driver Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)
☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-16-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Elect

Voter Information

Last Name <u>Stafford</u>	First Name <u>Robert</u>	Middle Name <u>Thomas</u>
Home Address (NC Residential Address.) <u>2582 NC 53 Hwy E</u>		Mailing Address (If different than home address.)
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number (NC Driver's License, NC State ID, or Social Security Number)		Phone (optional)
Voter Registration No.		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2582 NC 53 Hwy E</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a <u>primary</u> ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

JUL 16 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-11-18 X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name CALLAHAN		First Name ELEANOR		Middle Name DELANE	Suffix	Date of Birth
Home Address (NC Residential Address.) PO BOX 152				Mailing Address (If different than home address.)		
City CLARKTON	State NC	Zip Code 28433		City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: [REDACTED]				Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number [REDACTED]				oter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO BOX 152		City CLARKTON	State NC	Zip Code 28433
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name [REDACTED]		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address [REDACTED]		Name of Corporation (if appointed legal guardian) BLADEN CO. BD. OF ELECTIONS		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

X

Date

Date

SBE.gov to check your voter registration or absentee voting status.

SEE FOR ADDITIONAL INFORMATION

201



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Dove</u>	First Name <u>Melba</u>	Middle Name <u>Britt</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>4477 Old Abbottsburg Road</u>		Mailing Address (if different than home address.) <u>PO BOX 662</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/18</u>			
You must provide at least one identification number: NC License or ID Number <u>SSN</u> <u>X X</u>		Registration No.	Phone <u>910 648-2029</u>
			Email

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO BOX 662</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

MAY 26 2018

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

TIME

REC'D BY

BLADEN CO. BD. OF ELECTIONS

Signature of Voter (voter only)

OR

Signature of Near Relative/Legal Guardian (if applicable)

8-11-17

Date

X

Date

Go to www.ncsbe.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

1627 of 2658

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5/8/18
Election Date

Voter Information

Last Name <u>Ballard</u>	First Name <u>Marlene</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>54 Suggs Taylor Rd.</u>		Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/18</u>			
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number	SSN		Email (optional)
	<u>XX</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
				<u>APR 12 7:00</u>

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-11-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Ele

Voter Information

Last Name <u>Refamar</u>	First Name <u>Cehire</u>	Middle Name <u>Deloris</u>			
Home Address (NC Residential Address.) <u>709 Martin Luther King Jr Dr</u>					
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number SSN <input checked="" type="checkbox"/>			Voter Registration No.		
			Phone (optional)		
			Email (optional)		

Absentee voting information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9/1/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McPherson</u>	First Name <u>Summer</u>	Middle Name <u>Nicole</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>155 Old Abbottsburg Rd.</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>[REDACTED]</u>			
You must provide at least one identification number (NC ID, Driver's License, etc.) <u>[REDACTED]</u>		Voter Registration No. (Optional)	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

BLADEN COUNTY BOARD OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

3-14-18X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name <u>Norman</u>		First Name <u>William</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>204 Wrights St Apt 13</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: _____				Previous Name (if applicable)	
You must provide at least one identification (SSN, Driver's License, etc.)				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: _____					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-7-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Hester</u>		First Name <u>Stephen</u>		Middle Name <u>Paul</u>	
Home Address (NC Residential Address.) <u>1422 Storms rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC ID, Driver's License, etc.)			<div style="text-align: center;"> RECEIVED OCT 25 2018 </div>		
<div style="text-align: center;"> TIME <u> </u> REC'D BY <u> </u> BLADEN CO. BD. OF ELECTIONS </div>			Phone (optional) Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1422 Storms rd</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

10/23/18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name McIntyre		First Name Milton		Middle Name J	
Home Address (NC Residential Address.) 817 Fox St.				Mailing Address (If different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)
If "No," indicate the date of your move:			Voter Registration No. Optional		Phone (optional)
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/15/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Mrs. Intyre</u>		First Name <u>Milton</u>		Middle Name <u>Jerome</u>	
Home Address (NC Residential Address.) <u>817 Fox Street</u>				Mailing Address (If different than home address.) <u>817 Fox Street</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>X X</u>		SSN <u>[REDACTED]</u>		Voter Registration No.	
				Phone (optional)	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>817 Fox Street</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely. Current Address (Address where you are currently stationed while overseas.)		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address	
RECEIVED MAR 28 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS			

Signature of Near Relative/Legal Guardian (if applicable)

3-28-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TIME _____ RECEIVED BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Sessup</u>		First Name <u>Emanuel</u>		Middle Name <u>A</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>209 Frank melvin Rd</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License or ID Number) <u>[REDACTED]</u>			Voter Registration No. (Optional) <u>[REDACTED]</u>		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-27-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cromartie</u>		First Name <u>Jennifer</u>		Middle Name <u>Marlena</u>	
Home Address (NC Residential Address.) <u>101 P. Cromartie Lane</u>				Mailing Address (If different than home address.)	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>			Registration No.	Phone (optional) <u>910-549-7625</u>	Email (optional)
You must provide at least one identification number: NC License or ID Number <u>X X X</u>		SSN <u>[REDACTED]</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email TIME <u>9:22</u> REC'D BY <u>BLADEN CO. BD. OF ELECTIONS</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

0-20-18 Signature of Relative/Near Guardian (if applicable)

X

Date

ov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6,
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Williams</u>		First Name <u>Nona</u>		Middle Name <u>L.</u>	
Home Address (NC Residential Address.) <u>152 Burden Road</u>				Mailing Address (If different than home address.)	
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License			Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

	<h1>State Absentee Ballot Request Form</h1> <h2>North Carolina</h2>	<p>NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255</p> <p>PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov</p>
--	---	---

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary on Primary, General, Municipal, Special, etc.

Election

Voter Information					
Last Name <u>Crewshaw</u>		First Name <u>SANG</u>		Middle Name	
Home Address (NC Residential Address.) <u>371 Maysville Ln</u>				Mailing Address (If different than home address.)	
City <u>Tarheel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/1</u>			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number			Voter Registration No.	Phone (optional)	Email (optional)

RECEIVED
APR 27 2018

Absentee Voting Information					
Absentee Mailing Address (Where should the ballot be mailed?)			City		
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S.	
Current	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of voter (voter only)	Signature of Near Relative/Guardian (if applicable)
<u>4/26/18</u>	<u>X</u>
Date	Date



State Absentee Ballot Request Form

North Carolina

OCT 04 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Russ</u>		First Name <u>Jonathan</u>		Middle Name <u>Shane</u>	
Home Address (NC Residential Address.) <u>2116 Gaston Dr</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City		State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification: NC License or ID Number _____ SSN _____			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)
☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-3-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 04 2008

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Elect*

Voter Information

Last Name <u>Rhodie</u>		First Name <u>Kendra</u>		Middle Name <u>Jaquise</u>	
Home Address (NC Residential Address.) <u>218 Todd Britt Ct</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number _____ SSN _____			Voter Registration No. _____ Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 2443</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-5-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: COLUMBUS COUNTY BOARD OF ELECTIONS

Physical Address
2322 James B. White Hwy N.
Whiteville, NC 28472

Mailing Address
P.O. BOX 37
WHITEVILLE, NC

PHONE: 910-640-6609

FAX: 910-640-0916

COLUMBUS.boe@ncsbe.gov

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Willoughby</u>		First Name <u>Jamie</u>		Middle Name <u>Lynn</u>	Suffix [Redacted]
Home Address (NC Residential Address.) <u>136 Luther Bonsson Rd.</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
Previous Name (if applicable)					
If "No," indicate the date of your move: _____					
You must provide at least one Identification number: NC License or ID Number		SSN <u>X X</u>	Registration No. [Redacted]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: _____					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

7/26/18 X
Date

Date

to check your voter registration or absentee voting status.

V2013.11



State Absentee Request Form

North Carolina

RECEIVED
AUG 22 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Davis</u>		First Name <u>Steven</u>		Middle Name <u>D</u>	
Home Address (NC Residential Address.) <u>801 Campbell Rd</u>				Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (Driver's License Number or SSN)			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-4-18 X.
Date

Date



Exhibit 4.2.3.1.2

1642 of 2658

State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5/8/18
Election Date

Voter Information

Last Name <u>BROWN</u>		First Name <u>DAVID</u>		Middle Name	S
Home Address (NC Residential Address.) <u>209 Mercer Mill Rd. Apt. 2A</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u> / / </u>			Previous Name (if applicable)		
You must provide at least one identification n NC License or ID Number		SSN <u>X</u>	Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
APR 10 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

4/10/18
Date

X David L. Brown
Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: Bladen County Board of Elections 1643 of 2658

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name BROWN	First Name DAVID	Middle Name WAYNE
Home Address (NC Residential Address.) 209 MEACER		Mailing Address (If different than home address.) NC Apt 2A
City Elizabethtown	State NC	Zip Code 28337
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number NC License or ID Number X X		Registration No. Optional
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> son-in-law	<input type="checkbox"/> brother/sister <input type="checkbox"/> grandchild <input type="checkbox"/> daughter-in-law	<input type="checkbox"/> parent <input type="checkbox"/> stepchild <input type="checkbox"/> legal guardian	<input type="checkbox"/> grandparent <input type="checkbox"/> mother-in-law <input type="checkbox"/> stepparent <input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 10 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/9/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lynn-Cromartie</u>		First Name <u>Shereese</u>		Middle Name <u>Nichole</u>			
Home Address (NC Residential Address.) <u>2584 Lisbon Road</u>				Mailing Address (If different than home address.) <u>[Redacted]</u>			
City <u>Council</u>		State <u>NC</u>	Zip Code <u>28434</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>							
You must provide at least one identification number NC License or ID Number		SSN <u>X X X</u>	Registration No.		Phone (optional) <u>549-6313</u>	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

RECEIVED
NOV 10 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10/9/18
Date

Date

check your voter registration or absentee voting status.

202



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Elizabeth Town, NC 28337

RECEIVED

MAR 13 2018

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>FETT WELL</u>	First Name <u>ISAC</u>	Middle Name <u>F</u>	Suffix
Home Address (NC Residential Address.) <u>303 BEANSTREET VILLAGE ON KAT 2F</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number NC License or ID Number <u>XXXX</u> SSN <u>XXXX</u>		Registration No.	Phone
			Email

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 702</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

OR Signature of Near Relative/Legal Guardian (if applicable)

9-26-17 X

Date

Date

to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18

Election Date

Voter Information

Last Name <u>Moretz</u>	First Name <u>Marcus</u>	Middle Name <u>Christopher</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>210 Pine Ridge Cir</u>		Mailing Address (If different than home address.) [REDACTED]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: [REDACTED]			
You must provide at least one identification number (NC Driver's License, NC ID Card, or U.S. Military ID Card) <input checked="" type="checkbox"/> [REDACTED]		Voter Registration No. (Optional)	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>210 Pine Ridge Cir</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

RECEIVED
28320

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

RECEIVED BY
D. OF ELECTIONS

01/11/18
Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2



State Absentee Ballot Request Form North Carolina

OCT 05 2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov. 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name MILCZAKOWSKI		First Name AMBER		Middle Name LAUREN		Suffix	
Home Address (NC Residential Address.) 3697 OWEN HILL RD.				Mailing Address (If different than home address.)			
City ELIZABETHTOWN		State NC	Zip Code 28337	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: / /							
You must provide at least one identification number: NC License or ID Number		SSN	Registration No.	Phone (optional)		Email (optional)	
X X				549-8998			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 3697 Owen Hill Rd.		City Elizabethtown		State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable)

9/26/18 X Thomas L. Myles 9-26-18
Date Signature Date

to check your voter registration or absentee voting status.

FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jarmon</u>		First Name <u>Odessa</u>		Middle Name <u>P</u>	
Home Address (NC Residential Address.) <u>10075 NC 131 Unit #2</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladen</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u> / / </u>		Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification number NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>		Email (optional)		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 04 2018 </div>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 166</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-1-18X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

OCT 04 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Buffkin</u>		First Name <u>Jo</u>		Middle Name <u>-</u>	
Home Address (NC Residential Address.) <u>208 W. Walnut St. Apt. 8-D</u>				Mailing Address (If different than home address) <u>[REDACTED]</u>	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladen</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)	
You must provide at least one identification NC License or ID Number <u>[REDACTED]</u>				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>208 W. Walnut St. Apt. 8-D</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER

Election Type (Primary, General, Municipal, Special, etc.)

Elec

Voter Information

Last Name Brown		First Name Clayton		Middle Name [REDACTED]	
Home Address (NC Residential Address.) 102 Grace St				Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [REDACTED] SSN [REDACTED]			Voter Registration No. [REDACTED] Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-8-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Election 1651 of 2658

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>McLaughlin</u>		First Name <u>Jasmina</u>		Middle Name <u>Monique</u>	
Home Address (NC Residential Address.) <u>304 W. Gill St. APT 16</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move:			Driver Registration No. Optional	Phone (optional)	Email (optional)
You must provide at least one identification number NC License or ID Number <u>X</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 10 2018

TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-9-18 X

Date

Date



State Absentee Ballot Form
North Carolina
BLADEN COUNTY

RECEIVED
SEP 21 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Feltwell</u>	First Name <u>James</u>	Middle Name <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>303 Pecan St Apt. 2F</u>		Mailing Address (If different than home address.) <u>303 Pecan St. Apt 2F</u>
City <u>Bladenboro</u>	State <u>NC</u> Zip Code <u>28320</u>	City <u>Bladenboro</u> State <u>NC</u> Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <u>XX XX</u>		Registration No. Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>303 Pecan St Apt 2F</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date

to check your voter registration or absentee voting status.

202

Exhibit 4.2.3.1.2

1653 of 2658



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 13 2018

Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

TIME REC'D BY PHONE: 910-862-6951
BLADEN CO. BO. OF ELECTIONS

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>FETTWell</u>	First Name <u>JAMES</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>323 Pecan Street Village Oak Apt 2-F</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)	
You must provide at least one identification number NC License or ID Number <u>XX</u>		Registration No.	Phone
		Email	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 702</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

OR Signature of Near Relative/Legal Guardian (if applicable)

9-26-17
Date

X
Date

Go to www.bladenco.org to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Sessoms</u>	First Name <u>Rachel</u>	Middle Name <u>L</u>
Home Address (NC Residential Address.) <u>95 SUNSET PARK RD</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number (NC Driver's License, NC ID Card, or NC Voter Registration No.)		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>208 W WALNUT ST</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X 7-22-18

Date



202

Exhibit 4.2.3.1.2

1655 of 2658

State Absentee Ballot Request Form
North CarolinaRECEIVED
MAR 13 2018Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.orgRECEIVED BY
BLADEN COUNTY BOARD OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Sessons</u>	First Name <u>Rachel</u>	Middle Name <u>L</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>95 Sunset Park Rd</u>		Mailing Address (If different than home address.) [REDACTED]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence [REDACTED]	
If "No," indicate the date of your move: <u>1/1/18</u>		Previous Name (if applicable) [REDACTED]	
You must provide at least one identification number: NC License or ID Number <u>X X</u>		Registration No. [REDACTED]	Phone (optional) [REDACTED]
		Email (optional) [REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>208 W. Walnut St</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name [REDACTED]				
Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address [REDACTED]		Name of Corporation (if appointed legal guardian) [REDACTED]		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address [REDACTED]	

Signature of Near Relative/Legal Guardian (if applicable)

1-10-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Priest</u>		First Name <u>William</u>		Middle Name <u>Franklin</u>	
Home Address (NC Residential Address.) <u>208 Village St. Apt. 4C</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-27-18 X

Date

Date



State Absentee Ballot Request

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

General Address
3025 Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

MAR 13 2018

TIME REC'D BY PHONE: 910-862-6951
BLADEN CO. BD. OF ELECTIONS @bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Priest</u>		First Name <u>William</u>		Middle Name <u>Franklin</u>	
Home Address (NC Residential Address.) <u>208 Village St. Apt 4C</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License			Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>208 Village St. Apt 4C</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1-19-18
Date

X

Date



State Absentee Ballot Request Form
North Carolina

SEP 21 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1658 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Parker</u>		First Name <u>Rebecca Parker</u>		Middle Name <u>Blackmon</u>	
Home Address (NC Residential Address.) <u>303 PECAN ST #3H</u>				Mailing Address (If different than home address.) <u>Same</u>	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number <u>XX</u>		SSN <u>[REDACTED]</u>		Registration No. Optional	Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-8-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

MAR 13 2018

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Packer	First Name Rebecca	Middle Name B	Suffix
Home Address (NC Residential Address.) 303 Pecan St Apt 3-H		Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: 1-1-18		Previous Name (if applicable)	
You must provide at least one identification number NC License or ID Number SSN X X		Registration No.	Phone
		Email	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

OR

Signature of Near Relative/Legal Guardian (if applicable)

10-2-17

X

Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-16-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lewis</u>	First Name <u>Linda</u>	Middle Name <u>Kay</u>	Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>309 W Walnut 4B</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number: NC License or ID Number <u>X X</u>		Registration No. <u>[REDACTED]</u>	Phone <u>[REDACTED]</u>	Email <u>[REDACTED]</u>

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
<u>[REDACTED]</u>	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
<u>[REDACTED]</u>	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address <u>[REDACTED]</u>	Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>			
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address <u>[REDACTED]</u>

Signature of Voter (voter only)

OR Signature of Near Relative/Legal Guardian (if applicable)

9-1-18
Date

X
Date

Go to www.bladenco.org to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cromartie</u>		First Name <u>James</u>		Middle Name <u>Tremaine</u>		[Redacted]	
Home Address (NC Residential Address.) <u>4890 Lisbon Rd</u>				Mailing Address (If different than home address.) [Redacted]			
City <u>Clarkton</u>	State <u>N.C.</u>	Zip Code <u>28433</u>	City	State	Zip Code		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1/</u>							
You must provide at least one identification number: NC License or ID Number <u>X X X</u>			Voter Registration No.		Phone (optional) <u>645-4796</u>	Email (optional)	

Absentee

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

RECEIVED
OCT 10 2018
REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

0/9/2018
Date

X

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Cromantic</u>		First Name <u>James</u>		Middle Name <u>J.</u>	
Home Address (NC Residential Address.) <u>4890 Lisbon Rd</u>				Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>N.C.</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XXXX</u> SSN <u>XXXX</u>			Registration No.	Phone (optional) <u>645-4796</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>LOW JEAN CROMANTIC</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>4890 Lisbon Rd</u>		Name of Corporation (if appointed legal guardian)		
City <u>Clarkton</u>	State <u>N.C.</u>	Zip Code <u>28433</u>	Requestor's Phone	Requestor's Email

RECEIVED
APR 20 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-20-2018 X Low Jean Cromantic 4-20-2018
Date Signature Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 13 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS
PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5/8/18
Election Date

Voter Information

Last Name <u>Davis</u>		First Name <u>Katonia</u>		Middle Name <u>Laverne</u>	
Home Address (NC Residential Address.) <u>131 Airport Rd.</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepparent
		<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
		<input type="checkbox"/> father-in-law		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-9-18
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Lacewell</u>		First Name <u>Radrick</u>		Middle Name <u>De'shawn</u>	
Home Address (NC Residential Address.) <u>490 Mooretown Rd</u>				Mailing Address (If different than home address.)	
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move:			TIME	REC'D BY	
You must provide at least one identification number: NC License or ID Number: <u>[REDACTED]</u>			Registration No. <u>Bladen</u>	Bladen County Board of Elections	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>490 Mooretown Rd</u>		City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

502

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Tyndall</u>		First Name <u>Larry</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>4979 US 701 S.</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/5/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

501

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Fowler</u>		First Name <u>Brandon</u>		Middle Name <u>Kyle</u>	
Home Address (NC Residential Address.) <u>404 Swanzy St.</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number			Voter Registration No.		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepchild
			<input type="checkbox"/> legal guardian	<input type="checkbox"/> mother-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only)	
Current Address (Address where you are currently stationed or living overseas.)		<input type="checkbox"/> Mail	<input type="checkbox"/> Fax
		<input type="checkbox"/> Email	
		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-1-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Sones</u>		First Name <u>Anthony</u>		Middle Name <u>H</u>	
Home Address (NC Residential Address.) <u>69 Blue Moon DR</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC Lic. <u>[REDACTED]</u> X			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8/28/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

501

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>McLane</u>		First Name <u>Ramie</u>		Middle Name [REDACTED]	
Home Address (NC Residential Address.) <u>1028 Hanesboro</u>				Mailing Address (If different than home address.)	
City <u>Bladuboro</u>	State <u>NC</u>	Zip Code <u>28330</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification: NC License or ID Number [REDACTED] SSN [REDACTED] <input checked="" type="checkbox"/>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SM</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-4-18 X
Date

Date



25

State Absentee Ballot Request Form
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>Richmond</u>	First Name <u>COREY</u>	Middle Name <u>LAVON</u>			
Home Address (NC Residential Address.) <u>168 WHITE MEADOW RD</u>			Mailing Address (if different than home address.) <u>P.O. Box 1102</u>		
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>X</u>			Voter Registration No.		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1102</u>			City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
			<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
			<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address			Name of Corporation (if appointed legal guardian)		
			RECEIVED		
			APR 16 2018		
City	State	Zip Code	Requestor's Phone	Requestor's Email	
				TIME REC'D BY BLADEN CO. BO. OF ELECTIONS	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1-10-2018 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name Clark	First Name Mary	Middle Name Katherine
Home Address (NC Residential Address.) 2116 Westwood Circle		Mailing Address (If different than home address.)
City Elizabethtown	State NC	Zip Code 28337
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number NC License		Registration No. Optional
		Phone (optional) Email (optional)
<p>RECEIVED OCT 15 2018 TIME _____ REC'D BY _____ BLADEN CO. BD. OF ELECTIONS</p>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 109 Sunflower Alley Apt. 2		City Pikeville	State KY	Zip Code 41501
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name Mary Johnson Clark	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address 2116 Westwood Circle	Name of Corporation (If appointed legal guardian)			
City Elizabethtown	State NC	Zip Code 28337	Requestor's Phone 910 872 1628	Requestor's Email tclark@ec.vr.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X **Mary J Clark****10/2/2018**

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit A 2.3.1.2

1671 of 2658

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>ADAMS</u>	First Name <u>ALFREIDA</u>	Middle Name <u>KEMP</u>	SSN [REDACTED]
Home Address (NC Residential Address.) <u>9143 Hwy 242 South</u>		Mailing Address (If different than home address.) [REDACTED]	
City <u>BLADEN BORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1-1-</u>			
You must provide at least one identification number below (see instructions). NC License or ID Number <u>X</u>		Motor Registration No.	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>9143 Hwy 242 South</u>		City <u>BLADEN BORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>RECEIVED</u> <u>MAR 26 2018</u>		Fax Number or Email Address	

BY
ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

4-10-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 13 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME _____ REC'D BY _____
BLADEN CO. Bd. OF ELECTIONS: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Buffkin</u>		First Name <u>Kathy</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>303 Pecan St Apt. 4B</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC ID Card, or U.S. Military ID Card)			Voter Registration No. (Optional)	Phone (optional) <u>910-640-7517</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-9-18

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Electi*

Voter Information

Last Name <u>West</u>		First Name <u>Megan</u>		Middle Name <u>Victoria</u>	
Home Address (NC Residential Address.) <u>123 Stepfies Way</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC License or ID Number, Issu)			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-31-18

Date

X

Date



EXHIBIT 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

1674 of 2658

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Taylor</u>		First Name <u>Philip</u>		Middle Name <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>1894 701 West</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>[REDACTED]</u>	Previous Name (if applicable) <u>[REDACTED]</u>
If "No," indicate the date of your move: <u>1/1/</u>			TIME REC'D BY <u>APR 09 2018</u>	
You must provide at least one identification number below (see instructions) NC License or ID Number <u>X X X</u>			Voter Registration No. <u>BLADEN CO BOARD OF ELECTIONS</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 2401</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

4/4/18
Date

X
Date

to check your voter registration or absentee voting status.

V2013.11



State Absentee Ballot Request Form

North Carolina

AUG 22 2018

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Fisher</u>	First Name <u>Will</u>	Middle Name <u>Beasley</u>	Suffix
Home Address (NC Residential Address.) <u>404 Hayfield St.</u>		Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move:			
You must provide at least one identification number: NC License or ID Number <u>X</u>		Registration No. (Optional)	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>404 Hayfield St.</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Toni B. Fisher</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>265 Morgonwood Dr.</u>		Name of Corporation (if appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910-645-6568</u>	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

 X Toni B. Fisher 08/10/2018
 Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
HANCOCK	DAVID	K	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
648 Paul B. Brisson Rd			
City	State	Zip Code	
Bladenboro	NC	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: 1-1-		Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number		Registration No.	Phone (optional)
SSN: X X			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
SAME AS ABOVE				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1/7/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Brown</u>		First Name <u>Michael</u>		Middle Name <u>Thurman</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>916 Soel St.</u>				Mailing Address (if different than home address.) <u>314 Cedar St.</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification number [REDACTED]			Voter Registration No. [REDACTED] Optional		
[REDACTED]			Phone (optional)		
[REDACTED]			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-18-18

Date

X

Date

202



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>HARRELSON</u>		First Name <u>JAMES</u>		Middle Name <u>T</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>204 midway drive Lot 11</u>				Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move:			Voter Registration No. Optional		Phone (optional)	Email (optional)
You must provide at least one identification [REDACTED] <input checked="" type="checkbox"/> [REDACTED] <input type="checkbox"/>						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-11-14 X
 Date

Date



State Absentee Ballot Request

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

MAR 13 2018

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5/8/18

Election Date

Voter Information

Last Name HAKNELSON	First Name JAMES	Middle Name T	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 204 midway Dr LOT 11		Mailing Address (if different than home address.) [REDACTED]		
City Bladenboro	State nc	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification number. [REDACTED]		Voter Registration No. [REDACTED]		
[REDACTED]		Phone (optional)		
[REDACTED]		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2/15/18

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Thouse</u>		First Name <u>Kevin</u>		Middle Name <u>Lee</u>	
Home Address (NC Residential Address.) <u>550 Sunset Park RD.</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (e.g., NC Driver's License, NC State ID, etc.)			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 421</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> other (specify)		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City		State	Zip Code	Requestor's Phone
				Requestor's Email

RECEIVED
 OCT 29 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/25/18 X

Date

Date

202



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Home Address
1010 Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

PHONE: 910-862-6951

FAX: 910-862-7802

MAR 13 2018

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name Rouse	First Name Kevin	Middle Name L
Home Address (NC Residential Address.) 550 Sunset Park Rd		Mailing Address (If different than home address.)
City Bladenboro	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Previous Name (if applicable)
Voter Registration No. Optional		Phone (optional)
Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO Box 621	City Bladenboro	State NC	Zip Code 28320
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/29/17 X



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Dove</u>		First Name <u>Connie</u>		Middle Name <u>D</u>	
Home Address (NC Residential Address.) <u>453 Gabe-Johnson Dr</u>				Mailing Address (If different than home address.)	
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC ID, Driver's License, etc.)			Voter Registration No. (Optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

02/26/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 13 2018

Bladen County Board of Elections

PO BOX 512

Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

RECEIVED BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5/8/18

Election Date

Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Deaver</u>	First Name <u>Luther</u>	Middle Name	SSN
Home Address (NC Residential Address.) <u>12006 NC Hwy 211 W</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>1/1/18</u>		Previous Name (if applicable)	
You must provide at least one identification number (SSN, Driver's License, etc.)		Registration No.	Phone (optional)
[Redacted]			Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary: <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1-8-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

SEP 21 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Elec

Voter Information

Last Name Britt		First Name Lisa		Middle Name Michelle	
Home Address (NC Residential Address.) 303 Pecan St Apt 3F				Mailing Address (If different than home address.)	
City Bladenboro		State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen	
If "No," indicate the date of your move: _____				Previous Name (if applicable)	
Identification		Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)
☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-28-18

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Brith</u>	First Name <u>LISA</u>	Middle Name <u>m</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>04 HARMON ST</u>		Mailing Address (If different than home address.)	
City <u>WHITE LAKE</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC <u>[REDACTED]</u> <u>XX - XX - [REDACTED]</u>		Voter Registration No. Optional	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 7284</u>		City <u>WHITE LAKE</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Sandra K. Dowless</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>04 HARMON ST</u>		Name of Corporation (If appointed legal guardian)		
City <u>WHITE LAKE</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Sandra Dowless3-29-18

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1680 W 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Deaver</u>	First Name <u>Christopher</u>	Middle Name <u>Stephen</u>
Home Address (NC Residential Address.) <u>1140 Zion Hill Church Rd.</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move: <u> / / </u>		Previous Name (if applicable)
You must provide at least one identification: NC License or ID Number <u>X</u>		Phone (optional)
Voter Registration No. <u> </u>		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/27/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 1687 of 2658

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Washington</u>		First Name <u>Vincent</u>		Middle Name <u>Alseem</u>	
Home Address (NC Residential Address.) <u>204 Wright St APT 32</u>				Mailing Address (If different than home address.) <u>P.O. Box 1091</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number: [REDACTED] SSN: [REDACTED]			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

RECEIVED

APR 10 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/9/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>\$ Kelly</u>		First Name <u>Stanzell</u>		Middle Name	
Home Address (NC Residential Address.) <u>424 Martin Luther King</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 183</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference by <u>BLADEN CO. BD. OF ELECTIONS</u>		<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

State Absentee Ballot Request Form

North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKoy</u>		First Name <u>Precious</u>		Middle Name <u>S</u>	
Home Address (NC Residential Address.) <u>390 twist Hickory Rd Apt 14</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN	Registration No. Optional	Phone (optional)	Email (optional)

Absentee voting information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepparent
		<input type="checkbox"/> legal guardian	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 05 2018

TIME REC'D BY

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8/30/18

Date

X

Date



State Absentee Ballot RECEIVED
North Carolina
BLADEN COUNTY

Exhibit 4.2.3.1.2

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

1690 of 2658 202

(910) 862-6951

(910) 862-7820

elections@bladenco.org

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>EASON</u>		First Name <u>Ginger</u>		Middle Name <u>Shae</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>401 Edwards Ave.</u>				Mailing Address (If different than home address.) <u>Same</u>			
City <u>Bladenboro</u>		State <u>N.C.</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>		State <u>N.C.</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>				Voter Registration No.		Phone (optional)	
You must provide at least one identification number below. (or see instructions)				Email (optional)			
NC License or ID Number		SSN <u>X X X</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>401 Edwards Ave.</u>				City <u>Bladenboro</u>		State <u>N.C.</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address		Name of Corporation (if appointed legal guardian)					
City	State	Zip Code	Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

5-18-18
Date

X
Date

202

Exhibit 4.2.3.1.2

1691 of 2658



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 13 2018

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

TIME REC'D BY elections@bladenco.org
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>EASON</u>		First Name <u>GINGER</u>		Middle Name <u>S</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>401 Edwards AVE</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>			
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>[REDACTED]</u>		Previous Name (if applicable) <u>[REDACTED]</u>		
If "No," indicate the date of your move: <u>1/1/</u>							
You must provide at least one identification number below (for see instructions) NC License or ID Number <u>XX</u>		SSN <u>[REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u>		Phone <u>[REDACTED]</u>	
				Email <u>[REDACTED]</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>[REDACTED]</u>

Signature of Voter (voter only)

OR Signature of Near Relative/Legal Guardian (if applicable)

10-4-17

X

Date

Date

visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

MAR 13 2018

(910) 862-6951

(910) 862-7820

elections@bladenco.org

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: MUNICIPAL ELECTION Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Russ</u>		First Name <u>Dean</u>		Middle Name <u>Patrick</u>	
Home Address (NC Residential Address.) <u>813 Village St.</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X</u>	Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 974</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-5-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cromartie</u>		First Name <u>Lou</u>		Middle Name <u>JEAN</u>		[REDACTED]	
Home Address (NC Residential Address.) <u>4890 Wisbow Rd</u>				Mailing Address (if different than home address.) [REDACTED]			
City <u>Clarkton</u>		State <u>N.C.</u>	Zip Code <u>28433</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>							
You must provide at least one identification number below (or see instructions). NC License or ID Number <u>XXX</u>				Voter Registration No.		Phone (optional) <u>910-645-4796</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email	

RECEIVED
OCT 10 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative or guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10-9-2018 X
Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Cromartie</u>		First Name <u>Lou</u>		Middle Name <u>JEAN</u>	
Home Address (NC Residential Address.) <u>4890 Lisbon Rd</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>N.C</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XX</u>			Registration No.	Phone (optional) <u>918 645-4796</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 20 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-20-2018 X

Date

Date

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cogdell</u>		First Name <u>Stephen</u>		Middle Name <u>Michael</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>2990 Martin Luther K.D.</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>			
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>		State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>				Voter Registration No.		Phone (optional)	
You must provide at least one identification number (license or ID Number) NC License or ID Number <u>X X X</u>				Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2990 MLK Drive</u>		City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)				
City		TIME <u>5-1-18</u> REC'D BY <u>BLADEN CO. BD. OF ELECTIONS</u>	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

MAY 01 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

5-1-18

X

Date

Date

262
W

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>EDWARDS</u>		First Name <u>SAMUEL</u>		Middle Name <u>HOUSTON</u>	
Home Address (NC Residential Address.) <u>59 LUTHER BRISSON ROAD</u>				Mailing Address (If different than home address.)	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

SEP 25 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only)
Current Address (Address where you are currently stationed or living overseas.)	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax
	<input type="checkbox"/> Email	
Fax Number or Email Address		

Signature of Near Relative/Legal Guardian (if applicable)

7/21/2018 X
Date

Date



Exhibit 4.2.3.1.2

1697 of 2658

202

State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Box 512

Bladenboro NC 28337

MAR 13 2018

NE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.orgTIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Edwards	Samuel	Houston	
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)	
59 Luther Brisson Road.			
City	State	Zip Code	
Bladenboro	NC	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>1-1-</u>		Bladen	
You must provide at least one identification number: NC License or ID Number		Registration No.	Phone (optional)
XX			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
Same as above				
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
(First Last)		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City		State	Zip Code	
		Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

1-3-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

1698 of 2658

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Peterson	First Name Jeanette	Middle Name C	Suffix [REDACTED]
Home Address (NC Residential Address.) 209 Mercer Mill Rd Apt. 2K		Mailing Address (if different than home address.) SAME	
City Elizabethtown	State NC	Zip Code 28337	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: [REDACTED]		Phone (optional) [REDACTED]	Email (optional) [REDACTED]
You must provide at least one identification number (NC License, Driver's License, etc.) [REDACTED]		Registration No. (Optional) [REDACTED]	

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 209 Mercer Mill Rd. Apt. 2K	City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: [REDACTED]			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian) [REDACTED]		
City	State	Zip Code	Requestor's Phone
			Requestor's Email [REDACTED]

RECEIVED
APR 03 2018
TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address [REDACTED]

Signature of Voter (voter only) [REDACTED]	Signature of Near Relative/Legal Guardian (if applicable) X
	Date [REDACTED]



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Ellison</u>		First Name <u>Caudrell</u>		Middle Name	S
Home Address (NC Residential Address.) <u>47 BACIK DR</u>				Mailing Address (If different than home address.)	
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one identification number: NC License or ID Number		SSN <u>X X X</u>	Registration No.	Phone (optional) <u>910 918-3388</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

RECEIVED

OCT 15 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10/14/18 X
Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot RECEIVED

North Carolina

MAR 23 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: Bladen County Board of Elections

 Physical Address
 301 S Cypress Street
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown NC 28337

 PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Roberts</u>	First Name <u>Jacqueline</u>	Middle Name <u>Delores</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>821 Fox street</u>		Mailing Address (if different than home address.) <u>821 Fox Street</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
Social Security Number (SSN) number below. (or see instructions) <u>XXX - XX - XXXX</u>		Voter Registration No. <i>Optional</i>	Phone (optional) <u>910-247-6536</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>821 Fox Street</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

319-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Roberts</u>		First Name <u>ANTHONY</u>		Middle Name <u>JAMES</u>	
Home Address (NC Residential Address.) <u>821 Fox St.</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number (see instructions). NC License or ID Number <u>X X</u>			Voter Registration No.		Phone (optional) <u>910 247 6536</u>
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>821 Fox St.</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. for more than 30 days.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>MAR 28 2018</u>		Fax Number or Email Address	
TIME <u>REC'D BY</u> BLADEN CO. BD. OF ELECTIONS			

Signature of Near Relative/Legal Guardian (if applicable)

03/28/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Allen</u>		First Name <u>Kayla</u>		Middle Name <u>M</u>	
Home Address (NC Residential Address.) <u>1160 Zion Hill Ch. Rd.</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification number NC License or ID Number		SSN		Voter Registration No. Optional	Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/26/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 1703 of 2658

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Robeson</u>		First Name <u>Minnie</u>		Middle Name <u>Mae</u>	
Home Address (NC Residential Address.) <u>420 E McKay St Apt 7c</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License or ID Number)			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 10 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

04/09/18 Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Edwards</u>	First Name <u>Rita</u>	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>19098 HWY 131</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
Y N	in number below. (or see instructions) <u>XXX - XX</u>	Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/7/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>DAVIS</u>	First Name <u>BETTY</u>	Middle Name <u>CALLIHAN</u>			
Home Address (NC Residential Address.) <u>73 WHITE-MEADOW RD</u>			Mailing Address (If different than home address.) <u>P.O. Box 171</u>		
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u> </u>			Previous Name (if applicable)		
You must provide at least one identification: NC License or ID Number <u>X</u>			Voter Registration No. <u> </u>		
			Phone (optional) <u> </u>		
			Email (optional) <u> </u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 171</u>		City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u> </u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
<div style="text-align: right;"> RECEIVED APR 16 2018 REC'D BY BLADEN CO. BD. OF ELECTIONS </div>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address <u> </u>

Signature of Near Relative/Legal Guardian (if applicable)

1-10-2018
Date

X
Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512 1706 of 2658
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Willis</u>	First Name <u>Sylvester</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>73 Troy Willis DR</u>		Mailing Address (If different than home address.)	
City <u>Couneil</u>	State <u>NC</u>	Zip Code <u>28434</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX - XXXX</u>		Voter Registration No.	Phone (optional) <u>918-8473</u>
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10/10/18 X
Date

Date

E.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Willis</u>	First Name <u>Sylvester</u>	Middle Name <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>73 Troy Willis DR</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>[REDACTED]</u>
Previous Name (if applicable) <u>[REDACTED]</u>		
If "No," indicate the date of your move: <u>1-1-1</u>		
You must provide at least one identification number: NC License or ID Number <u>XX XX</u>		Registration No. <u>910-918-8473</u>
		Phone (optional) <u>910-918-8473</u>
		Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
[REDACTED]

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☒ Fax ☐ Email

Fax Number or Email Address
[REDACTED]

TIME APR 25 2018 REC'D BY [REDACTED]
BLADEN CO. BD. OF ELECTIONS

Signature of Voter (voter only)
X [REDACTED]

Signature of Near Relative/Legal Guardian (if applicable)
4/24/18 X

Date

Date



NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov. 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Wright		First Name Michelle		Middle Name [REDACTED]	
Home Address (NC Residential Address.) 1530 N Mitchell Ford Rd			Mailing Address (If different than home address.) [REDACTED]		
City Clarkton	State NC	Zip Code 28433	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____			County of Residence Bladen		
You must provide at least one identification number: [REDACTED] SSN [REDACTED] X			Voter Registration No. [REDACTED]		
			Phone (optional) 9109915386		Email (optional) chellebonet@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 2306 Beville Place		City Greensboro	State NC	Zip Code 27406
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address [REDACTED]		Name of Corporation (If appointed legal guardian)		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/12/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McCollum</u>		First Name <u>Alison</u>		Middle Name <u>Michelle</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>210 Bethel St.</u>				Mailing Address (If different than home address.)			
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1/</u>							
You must provide at least one identification number below. (or see instructions) NC <u>[REDACTED]</u> <u>XX - XX - [REDACTED]</u>				Voter Registration No. Optional		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>210 Bethel St.</u>		City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

RECEIVED
OCT 04 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/22/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>LAWRI MORE</u>		First Name <u>BETTY</u>		Middle Name <u>DAVIS</u>	
Home Address (NC Residential Address.) <u>10193 N. COLLEGE</u>				Mailing Address (If different than home address.)	
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADE</u>		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>[REDACTED]</u>			Voter Registration No.		Phone (optional) <u>RECEIVED</u>
SSN <u>XXX - XX - [REDACTED]</u>			Email (optional)		

APR 03 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature

X

2-22-18

Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

**State Absentee Ballot Request Form**
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>LAWRIMORE</u>		First Name <u>RONALD</u>		Middle Name <u>RICHARD</u>	
Home Address (NC Residential Address.) <u>10193 N. COLLEGE ST.</u>				Mailing Address (if different than home address.)	
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28432</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No. <u>RECEIVED</u> APR 03 2018		

Absentee Voting InformationTIME _____ REG'D BY _____
BLADEN CO. BD. OF ELECTIONS

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Voter (not required)

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Howell</u>		First Name <u>Lee</u>		Middle Name <u>DAVIS</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>107 Tommy Drive</u>				Mailing Address (If different than home address.) <u>P.O. BOX 1413</u>			
City <u>Clarkton</u>		State <u>NC</u>		Zip Code <u>28337</u>		City <u>Clarkton</u>	
State <u>NC</u>		Zip Code <u>284</u>		County of Residence <u>Robeson</u>		Previous Name (if applicable)	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number NC License or ID Number		SSN		Registration No.		Phone (optional)	
<u>X X</u>		<u>[REDACTED]</u>		<u>[REDACTED]</u>		<u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. BOX 1413</u>		City <u>Clarkton Elizabeth</u>		State <u>NC</u>		Zip Code <u>28337</u>	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address				Name of Corporation (if appointed legal guardian)			
City		State		Zip Code		Requestor's Phone	
Requestor's Email		Requestor's Signature		Requestor's Date		Requestor's Address	
<u>[REDACTED]</u>		<u>[REDACTED]</u>		<u>4-12-18</u>		<u>[REDACTED]</u>	

RECEIVED

APR 13 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature

Signature of Near Relative/Legal Guardian (if applicable)

X

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Shipman</u>		First Name <u>Lovanna</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>285 Sand Pit Rd</u>			Mailing Address (if different than home address.) <u>P.O. Box 2404</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, Voter ID, etc.) [REDACTED]			Voter Registration No. (Optional) [REDACTED]		
[REDACTED]			Phone (optional) [REDACTED]		
[REDACTED]			Email (optional) [REDACTED]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/14/18 X
Date

Date



State Absentee Ballot Request Form

Exhibit 1.2.3.1.2

North Carolina

Bladen County Board of Elections
P. O. BOX 512 1714 of 2658
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>FARMER</u>		First Name <u>TYNE</u>		Middle Name <u>D</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>300 Hill St</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>			Voter Registration No.	Phone (optional) <u>644-3351</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable)

10-10-18 X

Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Farmer</u>		First Name <u>Tyne</u>		Middle Name <u>Deona</u>	
Home Address (NC Residential Address.) <u>300 Hill St</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XX</u>			Registration No.	Phone (optional) <u>910-247-2411</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

RECEIVED
APR 20 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/17/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on May 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Strickland</u>	First Name <u>Tesla</u>	Middle Name <u>Dent</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>203 Kelly St</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State <u>NC</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable) <u>RECEIVED MAR 27 2018</u>	
If "No," indicate the date of your move:		Bladen	TIME REC'D BY BLADEN CO. BO. OF ELECTIONS	
You must provide at least one identification number NC [REDACTED]		voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-28-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>PERSON</u>		First Name <u>Alisha</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>4890 Lisbon Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Clarkton</u>		State <u>N.C.</u>	Zip Code <u>28433</u>		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence	
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number		SSN <u>X X X</u>	Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>645-4796</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 10 2018
TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10-9-2018 X
Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>PERSON</u>		First Name <u>Alisha</u>		Middle Name <u>Dashawn</u>	
Home Address (NC Residential Address.) <u>4890 Lisbon Road</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You		Registration No.	Phone (optional) <u>910-876-2735</u>	Email (optional) <u>alisha0526@yahoo.com</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
APR 20

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/20/18 X

Date

Date



State Absentee Request Form

North Carolina

AUG 17 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Shaw</u>		First Name <u>Chantel</u>		Middle Name <u>Angel</u>	
Home Address (NC Residential Address.) <u>204 Wright street Unit A1</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC ID, Driver's License, etc.)			Voter Registration No. (Optional)		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name				
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-30-18

Date

X

Date



State Absentee **RECEIVED** Ballot Form

North Carolina

AUG 17 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Murchison</u>		First Name <u>Kejvan A</u>		Middle Name <u>MarKeeg</u>	
Home Address (NC Residential Address.) <u>911 Chicken Foot Rd</u>				Mailing Address (if different than home address.)	
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification n NC <u>[REDACTED]</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-15-18
 Date

 X
 Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name <u>Smith</u>		First Name <u>Jasper</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>34 Lemon Balm</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC ID Card, or Social Security Number)			Voter Registration No. (Optional)		
[REDACTED]			[REDACTED]		

RECEIVED
 APR 12 2018

Absentee Voting Information

TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-2-18

X

Date

Date



State Absentee Ballot Request Form
North Carolina
BLADEN COUNTY
RECEIVED
SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name			
Christian	Sheila	L			
Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
10081 HWY 131			P.O. Box 1251		
City	State	Zip Code	City	State	Zip Code
Bladenboro	NC	28320	Bladenboro	NC	28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: / /			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number			Registration No.	Phone (optional)	Email (optional)
SSN X X X					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
P.O. Box 1251			Bladenboro	NC	28320
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.					
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5-18-18

X

Date

Date



202

Exhibit 4.2.3.1.2

1723 of 2658

State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 13 2018

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name CHRISTIAN	First Name SHEILA	Middle Name L	Suffix [REDACTED]
Home Address (NC Residential Address.) 10081 Hwy 131		Mailing Address (if different than home address.) [REDACTED]	
City Bladenboro	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1			
You must provide at least one identification number: NC License or ID Number X SSN X		Registration No.	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 1251		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-21-17

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 21 2018

TIME RECEIVED BY
BLADEN CO. CLERK OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>LITTLE</u>		First Name <u>LOUISE</u>		Middle Name <u>H</u>	
Home Address (NC Residential Address.) <u>1008 NC 131</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>
			Email (optional) <u>[REDACTED]</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City		State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X 11-10-18

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

MAR 13 2018

RECEIVED BY
BLADEN CO. BD. OF ELECTIONSchange
1725 of 2658
OF
ADDRESS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>LITTLE</u>	First Name <u>LOUISE</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>10081 Hwy 131</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1-</u>			
You must provide at least one identification number: NC License or ID Number <u>XX</u> SSN <u>XX</u>		Registration No.	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

12-21-17
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

40

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

BLADEN CO. BD. OF ELECTIONS

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Elec

Voter Information

Last Name <u>Blackburn</u>		First Name <u>Kathy</u>		Middle Name <u>D</u>	
Home Address (NC Residential Address.) <u>7 land ln</u>				Mailing Address (If different than home address.)	
City <u>White lake</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>James Blackburn</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>7 land ln</u>		Name of Corporation (if appointed legal guardian)		
City <u>White lake</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910-520-6457</u>	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X James Blackburn 8-16-18

Date

Date



Exhibit 4.23.1.2

1727 of 2658

State Absentee Ballot Request Form
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**

I am requesting an absentee ballot for the:

Primary 582018

on

5/8/18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Brisson</u>		First Name <u>Lema</u>		Middle Name <u>Marie</u>		Suffix [REDACTED]	
Home Address (NC Residential Address.) <u>473 Brisson Carol Rd</u>				Mailing Address (If different than home address.) [REDACTED]			
City <u>Tarheel</u>		State <u>NC</u>	Zip Code <u>28392</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>				Registration No.		Phone (optional) <u>(910) 374-2024</u>	Email (optional)
You must provide at least one identification number: NC License or ID Number [REDACTED]		SSN <u>X X</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: [REDACTED] <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2/22/18X

Date

Date



Exhibit 4.23.1.2

1728 of 2658

State Absentee Ballot Request Form
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary 5/8/2018 on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>Lewis</u>		First Name <u>Cindy</u>		Middle Name <u>Brisson</u>		Suffix [Redacted]	
Home Address (NC Residential Address.) <u>473 Brisson Carol Rd</u>				Mailing Address (If different than home address.) [Redacted]			
City <u>Tar Heel</u>		State <u>NC</u>	Zip Code <u>28392</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>				Registration No.		Phone (optional) <u>606 274-2818</u>	Email (optional)
You must provide at least one identification number: NC License or ID Number <u>XX</u> SSN <u>[Redacted]</u>							

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>Bladen</u>		State <u>NC</u>	Zip Code <u>28392</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: _____ <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City		State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2/22/18 X
Date

Date



State Absentee Ballot Request Form
North Carolina

EXHIBIT 4.2.3.1.2

OCT 04 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

1729 of 2658

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Paik</u>		First Name <u>Welly</u>		Middle Name <u>M</u>	
Home Address (NC Residential Address.) <u>10454 NC 131</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification [Redacted] SSN [Redacted] <input checked="" type="checkbox"/> X				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Robby Paik</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>10454 NC 131</u>		Name of Corporation (if appointed legal guardian)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Robby L. Paik 9-1-18

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS
PHONE 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Pait</u>	First Name <u>Kelly</u>	Middle Name <u>Marie</u>
Home Address (NC Residential Address.) <u>10456 NC Hwy 131 S.</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number (NC ID, Driver's License, etc.)		Registration No. (Optional)
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-12-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>EDWARDS</u>		First Name <u>Betty</u>		Middle Name <u>Jo</u>	
Home Address (NC Residential Address.) <u>106 CHESTNUT ST</u>				Mailing Address (if different than home address.)	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1</u>			<div style="text-align: center;"> RECEIVED APR 26 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS </div>		
You must provide at least one Identification number (NC Driver's License, NC ID Card, or SSN)		Voter Registration No.		Phone (optional) Email (optional)	
<div style="background-color: black; width: 100px; height: 20px;"></div> SSN <div style="background-color: black; width: 100px; height: 20px;"></div>		<div style="background-color: black; width: 100px; height: 20px;"></div>		<div style="background-color: black; width: 100px; height: 20px;"></div>	

Absentee Mailing Address (Where should the ballot be mailed?) <u>106 CHESTNUT STREET</u>		City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

04-18-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Hutny</u>		First Name <u>Amble</u>		Middle Name <u>Shalea</u>	
Home Address (NC Residential Address.) <u>2204 Wright St Apt 8</u>				Mailing Address (if different than home address.)	
City <u>E-Town</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>E-</u>	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move:			Voter Registration No. Optional		Phone (optional)
You must provide at least one identification [Redacted] X			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

7-11-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>SMITH</u>	First Name <u>MATTHEW</u>	Middle Name <u>DANIEL</u>
Home Address (NC Residential Address.) <u>353 SUNSET PARK ROAD</u>		Mailing Address (If different than home address.)
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Phone (optional)
Voter Registration No. Optional		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepparent	<input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-19-2018 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

Bladen County Board of Elections

PO BOX 512

Bladenboro NC 28337

MAR 13 2018

PHONE: 910-862-6951 FAX: 910-862-7820
REC'D BY: [Signature] BLADEN CO. BD. OF ELECTIONS

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>Matthew</u>		Middle Name <u>Daniel</u>	Suffix <u>N/A</u>
Home Address (NC Residential Address.) <u>353 Sunset Park Road</u>				Mailing Address (if different than home address.) <u>Same</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1-</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XXXX</u>		SSN <u>[REDACTED]</u>	Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable) <u>[Signature]</u>	Date <u>1-16-18</u>
---	------------------------



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.9.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

1735 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>SMITH</u>	First Name <u>ANNIE</u>	Middle Name <u>GABRIELA</u>
Home Address (NC Residential Address.) <u>353 Sunset PARK ROAD</u>		Mailing Address (if different than home address.)
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Phone (optional)
Voter Registration No. Optional		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
Requestor's Email			

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-19-2018 X
Date

Date

RECEIVED
SEP 25 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

State Absentee Ballot Request Form
North Carolina

RECEIVED

MAR 13 2018

Bladen County Board of Elections

P.O. Box 512

Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820

elections@bladenco.org

REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>Annie</u>		Middle Name <u>Gabriela</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>353 Sunset Park Road</u>				Mailing Address (if different than home address.) <u>Same</u>	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)	
You must provide at least one identification number below (see instructions). NC License or ID Number		SSN <u>XX [REDACTED]</u>	Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
City		State	Zip Code	Name of Corporation (if appointed legal guardian)
Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Fax Number or Email Address	

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>1-16-2018</u>	Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 08 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Bryant</u>		First Name <u>Hebei</u>		Middle Name <u>Dae</u>	
Home Address (NC Residential Address.) <u>1106 Bullard St</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. <i>Optional</i>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1106 Bullard St</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/07/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 21 2018

THIS FORM MUST BE RECEIVED BY
BLADEN CO. CLERK OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>McCart</u>		First Name <u>Kimberly</u>		Middle Name <u>E</u>	
Home Address (NC Residential Address.) <u>115 Lewis ST</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u>		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7.10.18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladen.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McDONALD</u>	First Name <u>JASON</u>	Middle Name <u>B</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>6546 BURNLEY FORD ROAD</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X</u>		Voter Registration No.	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>6546 BURNLEY FORD ROAD</u>		City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>TERESA P. McDONALD</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>6546 BURNLEY FORD ROAD</u>		Name of Corporation (if appointed legal guardian)		
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	Requestor's Phone	Requestor's Email
			RECEIVED OCT 16 2018	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

[REDACTED] [REDACTED] TERESA P. McDONALD 10/16/18
Date Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Electi

Voter Information

Last Name <u>Storms</u>		First Name <u>Vada</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>2818 Guyton RD</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>BLADENBORO</u>		State <u>N.C.</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>[REDACTED]</u>					
You must provide at least one identification: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Voter Registration No. Optional		Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2818 Guyton RD</u>		City <u>BLADENBORO</u>		State <u>N.C.</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>RELMON STORMS</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>2880 Guyton RD</u>		Name of Corporation (If appointed legal guardian) RECEIVED			
City <u>BLADENBORO</u>	State <u>N.C.</u>	Zip Code <u>28320</u>	Requestor's Phone <u>910-648-2334</u>	Requestor's Email AUG 21 2018	

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

RELMON STORMS 8-21-2018

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
 Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Lewis</u>	First Name <u>JANICE</u>	Middle Name <u>M</u>
Home Address (NC Residential Address.) <u>525 JAMES PAIT RD</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
Previous Name (if applicable)		
You must provide at least one identification number		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>	City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name <u>Linda Mintz</u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input checked="" type="checkbox"/> legal guardian		
Requestor's Address <u>188 Lewis Pocket</u>	Name of Corporation (if appointed legal guardian)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

 X Linda Mintz 7-28-18

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Montgomery</u>		First Name <u>Datesha</u>		Middle Name <u>D</u>	
Home Address (NC Residential Address.) <u>390 Twisted Hickory Rd Apt 13</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification [Redacted] SSN <u>X</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email


Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-8-18
 Date

X

Date

 **State Absentee Ballot Request Form**
North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information			
Last Name <u>Montgomery</u>	First Name <u>Datesha</u>	Middle Name	
Home Address (NC Residential Address) <u>390 Twisted Hickory Rd. Apt. 13</u>		Mailing Address (If different from home address) RECEIVED	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>APR 11 2018</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADE</u>	
If "No," indicate the date of your move: <u>1-1-18</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name (First) (Middle) (Last) (Suffix)	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature <u>X</u>	Signature of Near Relative/Guardian (if applicable) <u>4-10-18</u> <u>X</u> Date
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Update
744 of 2698

State Absentee Ballot Request Form

North Carolina
BLADEN COUNTYTO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Ellis</u>	First Name <u>Marty</u>	Middle Name <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>158 Stepping Stone Lane</u>		Mailing Address (If different than home address.) <u>PO Box 1513</u>
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladenboro</u>
Previous Name (if applicable) <u>[REDACTED]</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>		
You must provide at least one identification number: NC License or ID Number SSN <u>X X X</u>		Registration No. <u>[REDACTED]</u>
Phone (optional) <u>[REDACTED]</u>		Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>303 Pecan St. Apt. 5C</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>			
City	State	Zip Code	Requestor's Phone	Requestor's Email <u>[REDACTED]</u>

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APR 27 2018

REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-25-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-06-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Tatum</u>		First Name <u>Virginia</u>		Middle Name <u>Mae</u>	
Home Address (NC Residential Address.) <u>549 Hwy 410 Apt. 8-B</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification: NC License or ID Number		SSN <u>X</u>	Voter Registration No. <u>0000051756</u>		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Virginia Mae Tatum</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (if applicable)

Signature of Near Relative/Guardian (if applicable)

10-18-18 X
Date

Date

ncsbe.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 1746 of 2658

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Currie</u>		First Name <u>Gilbert</u>		Middle Name <u>A</u>	
Home Address (NC Residential Address.) <u>498 Middle Rd</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NCL <u>[REDACTED]</u> X <u>[REDACTED]</u>			Voter Registration No. Optional		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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APR 30 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely
- Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)
Fax Number or Email Address

☐ Mail ☐ Fax ☐ Email

Signature of Near Relative/Legal Guardian (if applicable)

4-20-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

EXHIBIT 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1747 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Howard</u>		First Name <u>Angela</u>		Middle Name	
Home Address (NC Residential Address.) <u>15590 NC 131 Hwy S</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN <u>X X</u>	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 04 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

9/8/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Howard</u>	First Name <u>Angele</u>	Middle Name <u>marion</u>			
Home Address (NC Residential Address.) <u>15590 NC 131 S</u>			Mailing Address (if different than home address.) [REDACTED]		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number			Registration No.	Phone (optional)	Email (optional)
SSN <u>XX</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>15590 NC 131 South</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter.				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)		TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/12/18
Date

X
Date

Date



State Absentee Ballot Request Form

North Carolina

OCT 08 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKoy</u>		First Name <u>Harry</u>		Middle Name <u>Bernard</u>		Suffix	Date of Birth
Home Address (NC Residential Address.) <u>8327 Hwy 701 N</u>				Mailing Address (if different than home address.)			
City <u>Elizabethtown</u>		State <u>N.C.</u>	Zip Code <u>28337</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move:							
You must provide at least one identification number (NC License, Driver's License, or other government-issued ID)				Registration No. (Optional)		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>8327 Hwy 701 N.</u>		City <u>Elizabethtown</u>		State <u>N.C.</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>Harry McKoy (self)</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>8327 Hwy 701 N</u>		Name of Corporation (if appointed legal guardian)			
City <u>Elizabethtown</u>		State <u>N.C.</u>	Zip Code <u>28337</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

 10-8-18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKoy</u>		First Name <u>Nancy</u>		Middle Name <u>Bernard</u>	
Home Address (NC Residential Address.) <u>8227 Nury 701 N.</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1-1-18</u>			Previous Name (if applicable)		
You must provide at least one identification number SSN <u>X X</u>			<div style="text-align: center;"> RECEIVED MAY 01 2018 </div>		
Registration No. <u>BLADEN CO. BD. OF ELECTIONS</u>			Phone (Optional)		
Email (optional)					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>8227 Nury 701 N.</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Harry B. McKoy</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>8227 Nury 701 N.</u>		Name of Corporation (if appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910 241-9064</u>	Requestor's Email <u>N/A</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/30/18 X

Date

P-202



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name			
Bates	Dianne	Artlaw			
Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
200 Village St. Apt. 10B					
City	State	Zip Code	City	State	Zip Code
Bladenboro	NC	28320			
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move:					
You must provide at least one identification number (SSN, Driver's License, etc.)			Registration No. Phone Email		
[Redacted]			[Redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
200 Village St. Apt. 10B		Bladenboro	NC	28320
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (or Requestor)	OR Signature of Requestor (if applicable)
[Redacted]	[Redacted]
Date	Date
02-22-2018X	

USE THIS APPLICATION TO VOTE-BY-MAIL

1752 of 2658



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Genevax on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name JOHNSON	First Name ALBERT	Middle Name ERNEST	Suffix
Home Address (NC Residential Address.) 1075 PLEASANT GROVE CHURCH RD.		Mailing Address (if different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move:		Registration No.	Phone (optional)
You must provide at least one identification: NC License or ID Number <input checked="" type="checkbox"/>		Optional	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1075 Pleasant Grove Church Rd		City Bladenboro	State NC	Zip Code 28320
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature

X

Signature of Near Relative/Guardian (if applicable)

X

Debrai Johnson
Date 11-6-18

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

202



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Elect

Voter Information

Last Name <u>Heverly</u>		First Name <u>Brenton</u>		Middle Name <u>K</u>	
Home Address (NC Residential Address.) <u>2305 Guyton Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC ID, Driver's License, etc.)			Voter Registration No. (Optional)		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-11-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

1754 of 2658

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

MAR 13 2018

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Heverly</u>	First Name <u>Brenton</u>	Middle Name <u>K</u>	Suffix <u>[Redacted]</u>
Home Address (NC Residential Address.) <u>2305 GUYTON Rd</u>		Mailing Address (If different than home address.) <u>[Redacted]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[Redacted]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>[Redacted]</u>	
If "No," indicate the date of your move: <u>1-1</u>		Previous Name (if applicable) <u>[Redacted]</u>	
You must provide at least one identification number: NC License or ID Number <u>[Redacted]</u> SSN <u>[Redacted]</u> <input checked="" type="checkbox"/> <input type="checkbox"/>		Registration No. <u>[Redacted]</u>	Phone (optional) <u>[Redacted]</u>
		Email (optional) <u>[Redacted]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City <u>[Redacted]</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[Redacted]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>ANDREA</u>	<u>L Heverly</u>	<input checked="" type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepchild
			<input type="checkbox"/> legal guardian	<input type="checkbox"/> mother-in-law
Requestor's Address <u>2305 GUYTON Rd</u>		Name of Corporation (if appointed legal guardian) <u>[Redacted]</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone <u>910-991-7491</u>	Requestor's Email <u>[Redacted]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[Redacted]</u>		Fax Number or Email Address <u>[Redacted]</u>	

Signature of Near Relative/Legal Guardian (if applicable)

X Andrea Heverly 12-15-17
Date Date



State Absentee Ballot RECEIVED

North Carolina

MAR 19 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Powell</u>	First Name <u>DARRELL</u>	Middle Name <u>WAYNE</u>	Suffix <u>Sr</u>	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>194 Todd Britt Ct</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1/</u>				
You must provide a valid NC voter ID number below. (or see instructions) [REDACTED] X X - X X - [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

218-15 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

SEP 21 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

1756 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Hester</u>	First Name <u>Christina</u>	Middle Name <u>MAE</u>
Home Address (NC Residential Address.) <u>55 Holly Britt Court</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <u>SSN</u> <u>X X</u>		Registration No. Optional
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 912</u>		City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> stepparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> mother-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-6-2018 X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

RECEIVED

OCT 08 2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General

on 11-6-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

NEWTON

First Name

GWENDOLYN

Middle Name

LAVERN

Suffix

Home Address (NC Residential Address.)

PO BOX 752

Mailing Address (If different than home address.)

City

DUBLIN

State

NC

Zip Code

28332

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move:

You must provide at least one identification

NC License or ID Number

SSN

X

Voter Registration No.

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

P.O. Box 752

City

Dublin

State

NC

Zip Code

28332

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Sign

X

Signature of Near Relative/Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6,
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Evans</u>		First Name <u>SR</u>		Middle Name	
Home Address (NC Residential Address.) <u>303 Pecan St ID</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number <u>[REDACTED]</u>			Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

X

8/20/18
 Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Huggins</u>		First Name <u>Kenneth</u>		Middle Name <u>Ray</u>	
Home Address (NC Residential Address.) <u>99 Devore Lane</u>				Mailing Address (If different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

TIME DECID BY

BLADEN CO. BO. OF ELECTIONS

Absentee Mailing Address (Where should the ballot be mailed?) <u>110 Devore Ln</u>		City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Teresa Huggins</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>110 Devore Ln</u>		Name of Corporation (if appointed legal guardian)		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Teresa Huggins

8-22-18

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Freauf</u>	First Name <u>Thomas</u>	Middle Name <u>Douglas</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>604 West Seaboard St.</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable) RECEIVED APR 12 2018
If "No," indicate the date of your move: <u>1/1/</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>BLADEN CO. BD. OF ELECTIONS</u>
You are eligible to vote if you are a U.S. citizen, at least 18 years old on Election Day, and a resident of Bladen County, North Carolina. (See instructions for more details.)		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/30/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Ward</u>	First Name <u>Montrell</u>	Middle Name <u>D</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>813 Fox St</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number: NCLicenseID Number [REDACTED] X [REDACTED]		Voter Registration No. [REDACTED] Optional		
		Phone (optional)		
		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: **GENERAL ELECTION** on **NOVEMBER 6, 2018**
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Smith		First Name Tyrone		Middle Name E	
Home Address (NC Residential Address.) 9770 Lisbon Rd				Mailing Address (If different than home address.)	
City Clarkton	State NC	Zip Code 28433	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Country of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [REDACTED]		SSN X X X	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 05 2018

TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/22/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 06 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME RECD BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>MUM</u>		First Name <u>April</u>		Middle Name <u>A.</u>	
Home Address (NC Residential Address.) <u>5522 Mears LN</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move:			Registration No. Optional		Phone (optional)
You must provide at least one identification number NC License			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepparent
		<input type="checkbox"/> legal guardian	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only)	
Current Address (Address where you are currently stationed or living overseas.)		<input type="checkbox"/> Mail	<input type="checkbox"/> Fax
		<input type="checkbox"/> Email	
		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-27-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Tatum</u>		First Name <u>Gregory</u>		Middle Name <u>Brooks</u>	
Home Address (NC Residential Address.) <u>2023 Sweet Home Church Rd</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
<p>If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference:</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan</p>				
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
If "Yes," what is the name and address of the hospital or facility:				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina Exhibit 4.2.3.1.2

Bladen County Board of Elections
P. O. BOX 512 1765 of 2658
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>ANDERSON</u>		First Name <u>MATASHA</u>		Middle Name <u>C</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>300 Hill St</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X - [REDACTED]</u>			Voter Registration No.	Phone (optional) <u>910 247-6024</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable) <u>[REDACTED]</u> Date <u>10/10/18</u>	<u>X</u> Date
---	------------------

NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Anderson</u>		First Name <u>Matasha</u>		Middle Name <u>Camellia</u>	
Home Address (NC Residential Address.) <u>300 Hill ST</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification number SSN <u>XX</u>		Registration No.		Phone (optional) <u>910 247-6024</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>300 Hill ST</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
APR 20 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/17/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6,
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Montgomery</u>		First Name <u>Jerry</u>		Middle Name <u>T</u>	
Home Address (NC Residential Address.) <u>309 Twisted Hickory Apt 10</u>				Mailing Address (If different than home address.) <u>3098 Mercer Mill Rd</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>YES</u>			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License: <u>X - X X -</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/30/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1608 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Paik</u>		First Name <u>Kristin</u>		Middle Name <u>Nicole</u>	
Home Address (NC Residential Address.) <u>303 Butler Mill Rd</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Previous Name (if applicable)	
If "No," indicate the date of your move: <u>/ /</u>					
You must provide at least one identification number NC License or ID Number <u>X X</u>		SSN <u>[REDACTED]</u>		Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/3/18
Date

X
Date

p.25

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

**State Absentee Ballot Request Form**
North Carolina

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)**Voter Information**

Last Name <u>Williams</u>		First Name <u>Melissa</u>		Middle Name <u>Huff</u>	
Home Address (NC Residential Address.) <u>10987 S College St #2</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>[Redacted]</u>			Previous Name (if applicable)		
You must provide at least one identification <u>[Redacted]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

RECEIVED**Absentee Voting Information**

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepparent
			<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
			<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

Exhibit 4.23.1.2

North Carolina

Bladen County Board of Elections
P. O. BOX 512 1770 of 2658
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>CROMARTIE</u>		First Name <u>LA MORRIS</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>2606 Lisbon Rd</u>				Mailing Address (If different than home address.)	
City <u>Cocaine</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX -</u>			Voter Registration No.	Phone (optional) <u>910-625-6493</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signa

Signature of Relative/Near Guardian (if applicable)

Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Other Information

Last Name <u>Cromartie</u>		First Name <u>Lamorris</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>2606 Lisbon Road</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>COUNCIL</u>	State <u>NC</u>	Zip Code <u>28434</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>[REDACTED]</u>		
If "No," indicate the date of your move: <u>/ /</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number: NC License or ID Number SSN <u>X X X</u>		Registration No. <u>[REDACTED]</u>		Phone (optional) <u>625-6493</u>	Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: <input checked="" type="checkbox"/> (Military/Overseas Voters Only) <input type="checkbox"/> Email Fax Number or Email Address <div style="text-align: center;"> RECEIVED APR 25 2018 </div>

Signature <u>[REDACTED]</u>	Signature of Near Relative (Legal Guardian if applicable) <u>[REDACTED]</u>
Date <u>4-20-18</u>	Date <u>[REDACTED]</u>



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Adams</u>		First Name <u>Crystal</u>		Middle Name <u>Lynn</u>	
Home Address (NC Residential Address.) <u>303 Pecan St Apt 9A</u>				Mailing Address (If different than home address)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1-1-</u>				Previous Name (if applicable)	
You must provide at least one identification NC License or ID Number		Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Carpenter</u>	First Name <u>Vivian</u>	Middle Name <u>D.</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>81 Hayes McKoy Rd</u>		Mailing Address (If different than home address.) <u>P.O. Box 73</u>		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>White Oak</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [REDACTED]		Voter Registration No. [REDACTED]		
[REDACTED]		Phone (optional)		
[REDACTED]		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-27-2018 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2013

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

BLADEN CO. BD. OF ELECTIONS

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Lee</u>		First Name <u>Morris</u>		Middle Name <u>Cornelia Lee</u>	
Home Address (NC Residential Address.) <u>653 Booker T Washington Rd</u>				Mailing Address (If different than home address.) <u>PO Box 631</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [Redacted]			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [Redacted]			Registration No. [Redacted]		
[Redacted]			Phone (optional)		
[Redacted]			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (X) <u>[Redacted]</u> Date <u>8/28/18</u>	Signature of Near Relative/Legal Guardian (if applicable) (X) <u>[Redacted]</u> Date _____
---	---

**State Absentee Ballot Request Form**
North Carolina**RECEIVED**
MAR 13 2018TO: Bladen County Board of Elections
P.O. Box 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

202

REC'D BY
BLADEN CO. BD. OF ELECTIONS**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**I am requesting an absentee ballot for the: Primary on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name	First Name	Middle Name	Suffix
Hester	Jonathon	Wade	
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)	
1268 Storms Road		Same	
City	State	Zip Code	
Bladenboro	NC	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: 1-1-			
You must provide at least one identification number: NC License or ID Number		Registration No.	Phone (optional)
SSN: X X			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
Same as above				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

12/29/17 X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

1170 of 2030



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election on 11/06/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name WRIGHT		First Name MARIO		Middle Name ANDRE	Suffix
Home Address (NC Residential Address.) 306 EMMA ST.				Mailing Address (If different than home address.)	
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 306 Emma Street		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 15 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable) X	Date 10/11/18
---	-------------------------

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>EDWARDS</u>		First Name <u>MARY</u>		Middle Name <u>LOU</u>	
Home Address (NC Residential Address.) <u>106 Chestnut St</u>				Mailing Address (if different than home address.)	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>1/1/1</u>			Previous Name (if applicable) RECEIVED		
You must provide at least one identification number (SSN, Driver's License, etc.) <u>X X</u>		Voter Registration No. <u>0000052421</u>		Phone (optional) <u>APR 26 2018</u> TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>106 Chestnut St</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-14-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Elec

Voter Information

Last Name <u>Packer</u>	First Name <u>Brittany</u>	Middle Name <u>Nicole</u>
Home Address (NC Residential Address.) <u>299 Oak Grove Church Rd</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification NC Voter ID Number <input checked="" type="checkbox"/> <u>[REDACTED]</u> SSN <input checked="" type="checkbox"/> <u>[REDACTED]</u>		Voter Registration No. Optional
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>	City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Callahan</u>		First Name <u>Eddie</u>		Middle Name <u>Ray</u>	
Home Address (NC Residential Address.) <u>1913 Mitchell Ford Rd</u>				Mailing Address (If different than home address.) <u>Same</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC ID, Driver's License, etc.) <u>[Redacted]</u>			Voter Registration No. (Optional)		Phone (Optional) <u>RECEIVED</u>
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1913 Mitchell Ford Rd</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-21-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1780 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Carpenter</u>		First Name <u>Alvis</u>		Middle Name <u>V</u>	
Home Address (NC Residential Address.) <u>81 Hayes McKoy Rd</u>				Mailing Address (if different than home address.) <u>P.O. BOX 73</u>	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [Redacted]			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>X</u>		SSN [Redacted]	Voter Registration No. Optional		Phone (optional) RECEIVED OCT 02 2018
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City		
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			TIME <u>5:00</u> REC'D BY <u>Bladen Co. Bd. of Elections</u>		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [Redacted]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

3 Signature of Near Relative/Legal Guardian (if applicable)

8/22/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Rogers</u>		First Name <u>Jaronda</u>		Middle Name <u>Shanai</u>	
Home Address (NC Residential Address.) <u>905 mem st</u>				Mailing Address (If different than home address.) <u>PO Box 1597</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification number (NC License or ID Number, etc.) [Redacted]			Voter Registration No. (Optional) [Redacted]		Phone (optional) <u>910 247-2670</u>
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)
☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-29-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 13 2018

BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
801 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5/8/18

Elec

Voter Information

Last Name

Adams

First Name

Douglas

Middle Name

W

Home Address (NC Residential Address.)

9365 Hwy 242 South

Mailing Address (If different than home address.)

City

Bladenboro

State

Zip Code

NC 28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move:

You must provide at least one identification number

NC License or ID Number

oter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

SAME AS ABOVE

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.☐ Democratic☒ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse☐ brother/sister☐ parent☐ grandparent☐ stepparent☐ child☐ grandchild☐ stepchild☐ mother-in-law☐ father-in-law☐ son-in-law☐ daughter-in-law☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X 2-10-18

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

1783 of 2658

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
<u>Rich</u>	<u>Brandon</u>	<u>Lynn</u>	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
<u>178 Butters Loop Rd</u>			
City	State	Zip Code	
<u>Bladenboro</u>	<u>NC</u>	<u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move:			
You must provide at least one identification number		Registration No.	Phone (optional)
NC License or ID Number	SSN		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
<u>SAME AS ABOVE</u>				
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature	Signature of Near Relative/Legal Guardian (if applicable)
<u>X</u>	<u>X</u>
Date	Date
<u>12-11-17</u>	



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

Bladen County Board of Elections
P. O. BOX 512 1784 of 2658
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cromartie</u>		First Name <u>Jacqueline</u>		Middle Name <u>Renee</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>2606 Lisbon Road</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>			
City <u>COUNCIL</u>		State <u>NC</u>	Zip Code <u>28434</u>	City <u>[REDACTED]</u>		State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>[REDACTED]</u>		Previous Name (if applicable) <u>[REDACTED]</u>	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>							
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X X - X X - [REDACTED]</u>				Voter Registration No. <u>[REDACTED]</u>		Phone (optional) <u>910 604 3249</u>	
						Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>		State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>			
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>		Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Voter (voter only) <u>[REDACTED]</u>	Signature of Relative/Near Guardian (if applicable) <u>X</u>
Date <u>10/10/18</u>	Date <u> </u>

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Cromartie	First Name Jacqueline	Middle Name Renee	[Redacted]		
Home Address (NC Residential Address.) 2606 Lisbon Road			Mailing Address (If different than home address.) [Redacted]		
City Council	State NC	Zip Code 28434	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
Previous Name (if applicable)					
F "No," indicate the date of your move: <u>1/1/1</u>					
You must provide at least one identification number: NC License or ID Number SSN X X X			Registration No.	Phone (optional) 604-3249	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) RECEIVED <input type="checkbox"/> Fax <input type="checkbox"/> Email APR 25 2018
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-20-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/18/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lewis</u>	First Name <u>Lucas</u>	Middle Name <u>Lee</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>473 Brisson Carroll Rd</u>		Mailing Address (if different than home address.) [REDACTED]		
City <u>Tarheel</u>	State <u>NC</u>	Zip Code <u>28372</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, State ID, etc.) [REDACTED]		Voter Registration No. Optional	Phone (optional) <u>247-2278</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>Bladen</u>	State	Zip Code
<p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.</p> <p><input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p>			
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>If "Yes," what is the name and address of the hospital or facility:</p>			
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

<p>Select one of the options below to qualify as a military or overseas voter:</p> <p><input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.</p> <p><input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely</p>	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	<p>Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email</p> <p>Fax Number or Email Address</p>

Signature of Near Relative/Legal Guardian (if applicable)

2/23/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>HAMMOND</u>		First Name <u>MACON</u>		Middle Name <u>TRAVIS</u>	
Home Address (NC Residential Address.) <u>1949 S. PAGE Rd.</u>				Mailing Address (if different than home address.) <u>800 Heath St. APT 66</u>	
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Greenville</u>	State <u>NC</u>	Zip Code <u>27858</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XX</u> SSN <u>[REDACTED]</u>			Registration No.		
			Phone (optional) <u>[REDACTED]</u> Email (optional) <u>[REDACTED]</u>		

RECEIVED

APR 25 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>800 HEATH ST. APT. 66</u>		City <u>Greenville</u>	State <u>NC</u>	Zip Code <u>27858</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>LARRY R. HAMMOND</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>1949 S. PAGE Rd.</u>		Name of Corporation (if appointed legal guardian)		
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	Requestor's Phone <u>910-648-6350</u>	Requestor's Email <u>lhammond@intstar.net</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

*Larry R. Hammond 4/25/2018
Data Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2010

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name NUNNERY		First Name JUSTIN		Middle Name MATTHEW	Suffix
Home Address (NC Residential Address.) PO BOX 34				Mailing Address (If different than home address.)	
City TAR HEEL	State NC	Zip Code 28392	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen	Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1					
You must provide at least one identification number below. (or see instructions)					
NC License or ID Number	SSN	Registration No.	Phone (optional)	Email (optional)	
X	X				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)					
				State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.					
<input type="checkbox"/> Democratic		<input type="checkbox"/> Republican		<input type="checkbox"/> Libertarian	
<input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		Relationship to the voter:			
(First) (Last)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable)

X

Date

oter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name RYCKELEY		First Name CHRISTIAN		Middle Name BUTLER	
Home Address (NC Residential Address.) 357 OLD HWY 41				Mailing Address (If different than home address.)	
City TAR HEEL	State NC	Zip Code 28392	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN	Previous Name (if applicable)	
If "No," indicate the date of your move:			<div style="text-align: center;"> RECEIVED OCT 29 2018 TIME _____ REC'D BY _____ BLADEN CO. BD OF ELECTIONS </div>		
You must provide at least one identification number: NC License or ID Number		SSN X	Voter Registration No. 00000052750		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2701 Homestead Road #916</u>		City <u>Chapel Hill</u>	State <u>NC</u>	Zip Code <u>27516</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Janice Butler Ryckley</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>357 Old NC Hwy 41</u>		Name of Corporation (If appointed legal guardian)		
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	Requestor's Phone <u>910 862 2476</u>	Requestor's Email <u>ryckley6embargo@gmail.com</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Janice B Ryckley 29 Oct 18
Date Date

102

MD



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>CELVATEZ</u>	First Name <u>DELLA</u>	Middle Name <u>M</u>
Home Address (NC Residential Address.) <u>1187 STORMS RD</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
Previous Name (if applicable)		
You must provide at least one identification number (NC ID, Driver's License, etc.)		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-18-2018 X

Date

202



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

MAR 13 2018

PHONE: 910-862-6951

FAX: 910-862-7802

TIME REC'D BY elections@bladenco.org
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name CERVANTES	First Name Della	Middle Name M	Suffix [REDACTED]
Home Address (NC Residential Address.) 1187 STORMS Rd		Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1/			
[REDACTED] ation number below. (or see instructions) SSN XXX - XX - [REDACTED]		Voter Registration No.	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) same as above	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	
	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/13/17

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2011

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Elect

Voter Information

Last Name <u>Hines</u>		First Name <u>Shanta</u>		Middle Name <u>Sharrel</u>	
Home Address (NC Residential Address.) <u>1199 Elkton Rd</u>				Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NCI#)			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

08/27/2018
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

1793 of 2658

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on May 8th 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
McLaughlin	Christopher	Scott		
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)		
91 W 8th Street		PO Box 176		
City	State	Zip Code	City	State
Dublin	NC	28332	Dublin	NC
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1-1</u>		Bladen		
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number	SSN			
	X X X			

RECEIVED

APR 03 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be sent?)		TIME	REC'D BY	State	Zip Code
		BLADEN CO. BD. OF ELECTIONS			
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.					
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

03/27/18 X

Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Williams</u>		First Name <u>Mashekia</u>		Middle Name <u>Nakia</u>	
Home Address (NC Residential Address.) <u>390 Twisted Hickory #8</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC Identification Number <u>[REDACTED]</u>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City <u>OCT 15 2018</u>	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-27-18

Date

X

Date

	<h2 style="margin: 0;">State Absentee Ballot Request Form</h2> <p style="margin: 0;">North Carolina</p>	<p>NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255</p> <p>PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov</p>
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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information			
Last Name <u>Williams</u>	First Name <u>Mashekia</u>	Middle Name	
Home Address (NC Residential Address.) <u>390 Twisted Hickory Rd Apt. 8</u>		Mailing Address (if different than home address.)	
City <u>Elizabethton</u>	State <u>NC</u>	Zip Code <u>28337</u>	<div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; font-weight: bold; font-size: 0.8em;">APR 11 2018</div>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u> / / </u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	
NC License or ID Number	SSN <u>X</u>	Phone (optional)	Email (optional)

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>			
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		Relationship to the voter:	
(First) (Middle) (Last)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	
		Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable)

4/10/18 X

Date

Date

gov to check your voter registration or absentee voting status.

TO: BLADEN COUNTY BOARD OF ELECTIONS 1706 of 2658



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Powers</u>		First Name <u>Jeannie</u>		Middle Name <u>C</u>	
Home Address (NC Residential Address.) <u>17038 NC Hwy 131 S</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

9-14-18 X
Date

Date

TO: BLADEN COUNTY BOARD OF ELECTIONS



State Absentee Ballot Request Form

North Carolina

RECEIVED

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

OCT 04 2018

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 TIME RECD BY
 BLADEN CO. BD. OF ELECTIONS

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Powers</u>		First Name <u>Deborah</u>		Middle Name <u>Sellers</u>	
Home Address (NC Residential Address.) <u>17014 HWY 131 S</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC Driver's License Number <u>[REDACTED]</u>			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-1-18 X
 Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.
BLADEN CO. BD. OF ELECTIONS

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name Powers		First Name Tommy		Middle Name [REDACTED]	
Home Address (NC Residential Address.) 17038 NC Hwy 131 S				Mailing Address (if different than home address.) [REDACTED]	
City Bladenboro	State NC	Zip Code 28320	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable) [REDACTED]		
You must provide at least one identification: NC License or ID Number [REDACTED] <input checked="" type="checkbox"/> X			Voter Registration No. [REDACTED] <small>Optional</small>		
			Phone (optional) [REDACTED]		
			Email (optional) [REDACTED]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name Jeannie Powers		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address 17038 NC Hwy 131 S		Name of Corporation (if appointed legal guardian) [REDACTED]			
City Bladenboro	State NC	Zip Code 28320	Requestor's Phone [REDACTED]		Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address [REDACTED]

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov 6 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Dove</u>		First Name <u>Austin</u>		Middle Name <u>Kevin</u>	
Home Address (NC Residential Address.) <u>37 Brisson RD</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>XX</u>	Voter Registration No. <u>52894</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>37 Brisson RD</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>RECEIVED</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>OCT 24 2018</u>		Name of Corporation (if appointed legal guardian)		
City <u>BLADEN CO. BO. OF ELECTIONS</u>	TIME <u>3:00 PM</u>	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Hall</u>		First Name <u>Lisa</u>		Middle Name <u>Tina</u>	
Home Address (NC Residential Address.) <u>37abrownscreechchurch Rd</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City		State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-11-18
 Date

X

Date



State Absentee Ballot Form
North Carolina
Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY REC'D BY
BLADEN CO. BOE. OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 312
Elizabethtown
28301 of 2658

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lewis</u>	First Name <u>Odell</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>31 Blue Moon Dr</u>		Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>		Voter Registration No. Optional	Phone (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X</u>		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
X
Date 8-21-18



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>LYNN</u>	First Name <u>ZAKI</u>	Middle Name <u>T</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>2584 Lisbon Rd</u>		Mailing Address (If different than home address.) <u>6111 March Mill Brown Marsh Rd</u>		
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City <u>CLARKTON</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number	SSN <u>X X X</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
(First) (Middle) (Last) (Suffix)		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
<div style="text-align: right;"> RECEIVED OCT 15 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS </div>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10/13/18 X

Date

Date

Go to [www.bladenco.org](#) to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1803 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Williams</u>		First Name <u>Casandra</u>		Middle Name <u>Robin</u>	
Home Address (NC Residential Address.) <u>303 Pecan St # D11</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/29/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Robinson</u>	First Name <u>Machenzie</u>	Middle Name <u>Edge</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>23 Stonewall Drive</u>		Mailing Address (If different than home address.)	
City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move:			
You must provide at least one identification number (NC Driver's License, NC ID Card, or US Passport)		voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1233</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1-25-18 X

Date

Date

202



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

RECEIVED

OCT 03 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Other Information

Last Name <u>Sahli</u>	First Name <u>Penny</u>	Middle Name <u>LuAnn</u>	State <u>NC</u>
Home Address (NC Residential Address.) <u>315 Midway Dr</u>		Mailing Address (If different than home address.) <u>315 Midway Drive</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	County of Residence <u>Bladenboro</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		Previous Name (if applicable)	
If "No," indicate the date of your move:		Registration No.	
You must provide at least one identification number: NC License or ID Number <u>XX XX</u>		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>315 Midway Drive</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-2-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

May 8, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name Sahli		First Name Penny		Middle Name LuAnn	
Home Address (NC Residential Address.) 315 Midway Drive				Mailing Address (If different than home address.) Same	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number [Redacted]			Registration No. Optional [Redacted]		
SSN [Redacted]			Phone (Home) BLADEN CO. BD. OF ELECTIONS Phone (Cell) RECEIVED MAR 20 2018		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 315 Midway Dr.				City Bladenboro		State NC		Zip Code 28320	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan									
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No									
If "Yes," what is the name and address of the hospital or facility:									
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:									
Requestor's Name				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address				Name of Corporation (If appointed legal guardian)					
City		State		Zip Code		Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Atkinson</u>	First Name <u>Norris</u>	Middle Name <u>A</u>			
Home Address (NC Residential Address.) <u>753 Clyde Hatcher</u>			Mailing Address (If different than home address.) <u>[REDACTED]</u>		
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>SSN</u> <u>XXXX</u>			Registration No.	Phone (optional) <u>814-5901</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>Jenean Willis</u>			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law		
Requestor's Address <u>753 Clyde Hatcher Rd</u>			Name of Corporation (if appointed legal guardian) <u>OCT 22 2018</u>		
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	Requestor's Phone	Requestor's Email TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

X Jenean Willis

10-20-18

Date

Date

Go to [http://www.bladenco.org](#) to check your voter registration or absentee voting status.

K+ 102



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 13 2018

Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

Elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5/8/18

(Section Type (Primary, General, Municipal, Special, etc.))

(Election Date)

Voter Information

Last Name <u>Johnson</u>		First Name <u>Rose</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>10710 131 Hwy</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one identification number: NC License or ID Number		SSN	Registration No.	Phone	Email
<u>X X</u>					

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sign <u>X</u> <u>2/10/18</u> Date	OR Signature of Near Relative/Legal Guardian (if applicable) <u>X</u> Date
---	--



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

RECEIVED
MAR 13 2018

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME REC'D BY: 910-862-6951
BLADEN CO. BD. OF ELECTIONS elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5/8/18
Election Date

Voter Information

Last Name <u>Cain</u>	First Name <u>Amanda</u>	Middle Name <u>Buss</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>728 Storms Rd</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification [REDACTED]		Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>728 Storms Rd</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: [REDACTED]			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

12/30/17
Date

X
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

40

TIME REC'D BY
BY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Ele

Voter Information

Last Name <u>Jacobs</u>		First Name <u>Don</u>		Middle Name	
Home Address (NC Residential Address.) <u>49 Womack Way 46</u>				Mailing Address (If different than home address.)	
City <u>Whitelake</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification SSN <u>X</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-8-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) *Elect*

Voter Information

Last Name <u>Smith</u>		First Name <u>Sannie</u>		Middle Name <u>M</u>	
Home Address (NC Residential Address.) <u>5609 Merwin Mill Rd</u>				Mailing Address (if different than home address.)	
City <u>Clarkston</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move:			Voter Registration No. Optional		Phone (optional)
You must provide at least one identification number NC <u>[REDACTED]</u>			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

TIME APR 30 2018 REC'D BY
 BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/30/18 X

Date

Date



Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jacobs</u>		First Name <u>Cedric</u>		Middle Name <u>Antwan</u>	
Home Address (NC Residential Address.) <u>903 Fox St.</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			Previous Name (if applicable)		
You must provide at least one identification number below (see instructions) NC License or ID Number		SSN <u>X X</u>	Voter Registration No.	Phone (optional) <u>(910) 574-6355</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 15 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10-14-18 X

Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Richardson</u>		First Name <u>Friederick</u>		Middle Name <u>Montrell</u>	
Home Address (NC Residential Address.) <u>210 Council & Richardson Dr</u>				Mailing Address (If different than home address.)	
City <u>Far Hill</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move:			Water Registration No. <i>Optional</i>	Phone (optional)	Email (optional)
You must provide at least one identification number					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.					
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

08-12-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election on November 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Bennett		First Name Tyler		Middle Name Blake	
Home Address (NC Residential Address.) 386 Hillside Circle				Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Wake		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN X X			Voter Registration No. Optional	Phone (optional) 910-876-3657	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 536 Cozy Crest Drive		City Raleigh	State NC	Zip Code 27603
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian) OCT 23 2018		
City	State	Zip Code	Requestor's Phone TIME	Requestor's Email REC'D BY BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/13/2018

X

Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

D15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Caulder</u>	First Name <u>Donald</u>	Middle Name <u>Augustus</u>			
Home Address (NC Residential Address.) <u>414 Old Place Ln</u>			Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC ID, Driver's License, etc.)			Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>414 Old Place Ln</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-12-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>DREW</u>	First Name <u>LORENZO</u>	Middle Name <u>T</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>210 Fourth St</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (If applicable)
If "No," indicate the date of your move: <u>1-1-</u>			
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Registration No.	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 572</u>		City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

12/17/17

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address:
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address:
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5/18/18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Hall	First Name Justin	Middle Name Hubert	Suffix [REDACTED]
Home Address (NC Residential Address.) 322 Sunset Park Rd		Mailing Address (If different than home address.) [REDACTED]	
City Bladenboro	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? X		County of Residence X	Previous County of Residence X
If "No," indicate the date of your move: [REDACTED]		Registration No. [REDACTED]	Phone (optional) [REDACTED]
		Email (optional) [REDACTED]	

RECEIVED

APR 13 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 357 Lennon Bay Drive		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother /sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> step-parent	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/10/18

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME RECD
BLADEN CO. BO. OF ELECTIONS
PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name LUDLUM		First Name GELLA		Middle Name KAY	
Home Address (NC Residential Address.) 11314 CENTER ROAD				Mailing Address (If different than home address.) PO BOX 537	
City BLADENBORO	State NC	Zip Code 28320	City BLADENBORO	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [redacted] SSN [redacted]			Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO BOX 537		City BLADENBORO	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5/13/2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name McKoy	First Name Celruss	Middle Name Dei celruss			
Home Address (NC Residential Address.) 1796 Baldwin Branch Church Rd			Mailing Address (If different than home address.)		
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: / /			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN X X	Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	TIME _____ REC'D BY _____ BLADEN CO. BD. OF ELECTIONS	State	Zip Code	Requestor's Phone
		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/24/18 X

Date

Date

Ballot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1820 of 2658

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McLaurin</u>		First Name <u>Doris</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>644 AVENUE AVENUE</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u> Optional		
Phone (optional) <u>[REDACTED]</u>			Email (optional) <u>[REDACTED]</u>		

RECEIVED
OCT 02 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>[REDACTED]</u>

2 Signature of Near Relative/Legal Guardian (if applicable)

8-20-2018 X
 Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on May 8th, 18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Mullins</u>		First Name <u>TWANDA</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>167 Armfield St. #4</u>				Mailing Address (If different than home address.) <u>P.O. Box 508</u>	
City <u>DUBLIN</u>	State <u>NC</u>	Zip Code <u>28332</u>	City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u>		SSN <u>[REDACTED]</u>	Registration No. <u>[REDACTED]</u>	Phone <u>[REDACTED]</u>	Email <u>[REDACTED]</u>

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 508</u>		City <u>DUBLIN</u>	State <u>NC</u>	Zip Code <u>28332</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>[REDACTED]</u>

OR Signature of Near Relative/Legal Guardian (if applicable)

3/31/18
Date

X

Date

Go to [http://www.bladen.org](#) to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Butler</u>		First Name <u>Jessica</u>		Middle Name <u>Hannah</u>	
Home Address (NC Residential Address.) <u>10008 NC Hwy 41E</u>				Mailing Address (If different than home address.)	
City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC ID Card, or Social Security Number) <input checked="" type="checkbox"/>			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>10008 NC Hwy 41E</u>		City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

B-11-15

Date

X

Date



State Absentee Ballot Request Form
North Carolina

Exhibit 4.2.3.1.2

RECEIVED
SEP 21 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 1823 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Packer</u>		First Name <u>Robert</u>		Middle Name <u>Earl</u>	
Home Address (NC Residential Address.) <u>8717 NC Hwy 131</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>8717 NC Hwy 131</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8/6/18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

AUG 22 2013

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 5, 2013
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name Clifton	First Name Dennis	Middle Name Charles
Home Address (NC Residential Address.) 435 Hayfield St		Mailing Address (If different than home address.)
City Elizabethtown	State NC	Zip Code 28337
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification document:		Voter Registration No. Optional
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name Rachel Clifton		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address Same		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

 X **Rachel Clifton** **8-14-18**
 Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Elec

Voter Information

Last Name <u>BUNBERT</u>		First Name <u>MARISSA</u>		Middle Name <u>A</u>	
Home Address (NC Residential Address.) <u>155 Hester mill rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number		SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 10 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by an absentee/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-9-18 X
 Date

Date

USE THIS



State Absentee Ballot Request Form

North Carolina

STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723
elections.sboe@ncsbe.gov

FAX: 919-972-2000

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on Nov 6 2013

Voter Information

Last Name BELL		First Name ALEXIS		City Charlotte	
Home Address (NC Residential Address.) 136 Frank Melvin Rd				Mailing Address (if different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification NC License or ID Number			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?) 136 Frank Melvin Rd		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (Print) (Last) (First) (Middle)		Requestor's Address (Print) (Last) (First) (Middle)		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature X	Signature of Near Relative/Guardian (if applicable) X
Date	Date

Visit www.ncsbe.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

p.40

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Gardner</u>	First Name <u>Alyssa</u>	Middle Name <u>N</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>201 Oliver lane</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>[REDACTED]</u>			
You must provide at least one identification NC License or ID Number <u>[REDACTED]</u>		Voter Registration No. Optional <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
		Email (optional) <u>[REDACTED]</u>	

RECEIVED

OCT 15 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	
Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
[REDACTED]

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address
[REDACTED]

Signature of Near Relative/Legal Guardian (if applicable)

09-04-18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 1828 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Singletery</u>		First Name <u>Beatrice</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>706 Spinners Court</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/1</u>				Previous Name (if applicable) <u>[REDACTED]</u>	
<u>[REDACTED]</u>				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same 706 Chestnut #1</u>				City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian						
Requestor's Address <u>[REDACTED]</u>				Name of Requestor (if not legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>		Requestor's Email <u>[REDACTED]</u>	
TIME <u>15:00</u> REC'D BY <u>[REDACTED]</u> BLADEN CO. BD. OF ELECTIONS						

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

RECEIVED
MAR 13 2018

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME REC'D BY PHONE 910-862-6951
BLADEN CO. BO. OF ELECTIONS elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Singleberry</u>		First Name <u>Beatrice</u>		Middle Name	
Home Address (NC Residential Address.) <u>706 Chestnut St, #1</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28330</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>X</u>		SSN		Registration No. Optional	Phone (optional)
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepparent
		<input type="checkbox"/> legal guardian	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2/9/18
Date

X
Date

Date



State Absentee Request Form

North Carolina

RECEIVED
AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>High</u>	First Name <u>Markus</u>	Middle Name <u>D</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>401 Quail Ct</u>		Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [REDACTED] X		Voter Registration No. [REDACTED] Optional		
		Phone (optional)		
		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-13-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED**AUG 17 2018**
 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)
Voter Information

Last Name <u>Rogers</u>		First Name <u>Montrell</u>		Middle Name <u>Jerel</u>	
Home Address (NC Residential Address.) <u>1213 cotton st</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move:			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)
☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-13-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Wise</u>		First Name <u>Pamela</u>		Middle Name <u>Kayla</u>	
Home Address (NC Residential Address.) <u>2925 NC HWY 701 N.</u>				Mailing Address (If different than home address.) <u>P.O. Box 2323</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below (for see instructions) NC License or ID Number <u>XX X</u>			Voter Registration No.		Phone (optional) <u>(910) 874-1363</u>
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name (First) (Middle) (Last) (Suffix)			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

RECEIVED
OCT 15 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable) <u>X</u>	Date <u>10-14-18</u>
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202
B

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Smith</u>		First Name <u>Wendy</u>		Middle Name <u>J</u>	
Home Address (NC Residential Address.) <u>1140 Zion Hall Church Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-24-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Thompson</u>		First Name <u>Jasmine</u>		Middle Name <u>Unique</u>	
Home Address (NC Residential Address.) <u>134 Gowens RD</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: <u> / / </u>					
You must provide at least one identification number: NC License or ID Number		SSN <u> X X </u>	Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>134 Gowens RD</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed)			
City	State	Zip Code	Requestor's Phone	Requestor's Email
<div style="text-align: right;"> RECEIVED APR 23 2018 TIME _____ REC'D BY _____ BLADEN CO. BD. OF ELECTIONS </div>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Thompson</u>		First Name <u>Jasmine</u>		Middle Name <u>Uniquea</u>	
Home Address (NC Residential Address.) <u>134 Gowens RD</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u> / / </u>			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN <u>XX</u>	Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>134 Gowens RD</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
<div style="text-align: right;"> RECEIVED APR 23 2018 TIME _____ REC'D BY _____ BLADEN CO. BD. OF ELECTIONS </div>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4-2.3.1.2

Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

53

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Thompson</u>		First Name <u>Tasmine</u>		Middle Name <u>Uniqua</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>134 gowens Rd</u>			Mailing Address (if different than home address.) [REDACTED]		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number SSN <u>X</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
APR 10 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

4/9/18 X
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

10/04/18

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name WEST	First Name ROBERT	Middle Name EARL	Suffix	Date of Birth
Home Address (NC Residential Address.) 386 Hillside Circle		Mailing Address (if different than home address.) P.O. Box 416		
City Bladenboro	State NC	Zip Code 28320	City Bladenboro	State NC
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC ID Card, or Social Security Number)		Voter Registration No. (Optional)		
		Phone (optional)		
		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 416		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-11-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P 25

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Hatcher</u>		First Name <u>Janet</u>		Middle Name	
Home Address (NC Residential Address.) <u>10898 S College St Apt 36</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>		State <u>NC</u>	Zip Code	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification number (NC License, Driver's License, etc.)		Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
<p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary affiliation:</p> <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<p>If "Yes," what is the name and address of the hospital or facility:</p>				
<p>TIME REC'D BY: <u>OCT 15 2018</u> BLADEN CO. BO. OF ELECTIONS</p>				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-6-18

Date

X

Date

TO: BLADEN COUNTY BOARD OF ELECTIONS 1839 of 2658



State Absentee Ballot Request Form

North Carolina

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name Benton		First Name Amber		Middle Name Ward	
Home Address (NC Residential Address.) 2710 EAST Broad St.			Mailing Address (If different than home address.) P.O. BOX 743		
City Elizabethtown		State NC	Zip Code 28337	City Elizabethtown	
State NC		Zip Code 28337			
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
Previous Name (if applicable)					
If "No," indicate the date of your move:					
You must provide at least one identification number (NC License or ID Number)			Driver Registration No. Optional		
SSN X X			Phone (optional) (local optional)		
			OCT 22 2018		

Absentee Voting Information

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

Absentee Mailing Address (Where should the ballot be mailed?) P.O. BOX 743			City ELIZABETH TOWN		State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
<i>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</i>						
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-21-18
Date

X

Date _____



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name Campbell		First Name Janice		Middle Name Elizabeth	
Home Address (NC Residential Address) 212 Butters Loop				Mailing Address (if different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 883		City Bladenboro	State NC	Zip Code 29320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18 **X**

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

need Registration - take to polls

Exhibit 4.213.1.1

1841 of 2658

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Year

Voter Information

Last Name <u>Campbell</u>		First Name <u>Janice</u>		Middle Name <u>E</u>	
Home Address (NC Residential Address.) <u>212 Butters Loop RD</u>				Mailing Address (if different than home address.) <u>PO Box 883</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: You must provide at least one identification number NC License or ID Number <u>XXXX</u> SSN <u>XXXX</u>			Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 883</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a <u>partisan</u> primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to voter. Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian) REC'D BY <u>BLADEN CO. BD. OF ELECTIONS</u>		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

[Signature] 4/16/18 X
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

502

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Campbell</u>		First Name <u>Ramiah</u>		Middle Name <u>Tyndall</u>	
Home Address (NC Residential Address.) <u>64 Shannon Dr</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
<p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan</p> <p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility:</p>				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p> <p>Requestor's Name</p> <p><input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian</p>				
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/5/18 X
Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

OCT 08 2018

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name RICE		First Name DERRICK		Middle Name JUSTIN	Suffix	Date of Birth
Home Address (NC Residential Address.) 7484 NC 131 HWY.				Mailing Address (if different than home address.)		
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move:			Voter Registration No.		Phone (optional) 910-638-8796	
You must provide at least one identification NC License or ID Number			Email (optional) derrickrice86@gmail.com			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 7484 NC 131 Hwy		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to the voter:		
(First) (Middle) (Last)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Guardian (if applicable)

10/2/18

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Brown</u>		First Name <u>Charles</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>196 Big mc Drive</u>				Mailing Address (If different than home address.)	
City	State	Zip Code	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
<div style="float: right; border: 1px solid black; padding: 5px;"> RECEIVED OCT 29 2018 TIME REC'D BY: BLADEN CO. BD. OF ELECTIONS </div>				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. Yes <input type="checkbox"/> No <input type="checkbox"/>				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

10/24/14
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov. 6, 2018.
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Walker</u>		First Name <u>Shelby</u>		Middle Name <u>Bailey</u>		Suffix [REDACTED]	
Home Address (NC Residential Address.) <u>824 Lula Long Road</u>				Mailing Address (If different than home address.) [REDACTED]			
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>				Voter Registration No. <u>000000053905</u>		Phone (optional) <u>910-666-9604</u>	Email (optional) <u>shelbywalker@gmail.com</u>
You must provide at least one identification number below. (or see instructions) <u>XXX-XX-XXXX</u>							

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>824 Lula Long Road</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
 SEP 04 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

09/30/2018
 Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hester</u>	First Name <u>Codey</u>	Middle Name <u>Seth</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>401 Anne St</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladen</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/1</u>			Previous Name (if applicable) <u>WBS 7 2011</u>	
Voter Registration No. <u>[REDACTED]</u>			Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

03-09-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

TIME _____ REC'D BY _____

BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General

on

11-6-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Covington		First Name Melody		Middle Name D		Suffix	
Home Address (NC Residential Address.) 303 Pecan St 11 B				Mailing Address (if different than home address.)			
City Bladenboro		State NC	Zip Code 28320	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: _____							
You must provide at least one identification number NC License or ID Number		SSN X X	Registration No.		Phone	Email	

Absentee Mailing Address (Where should the ballot be mailed?) Same				City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility: _____							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address				Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature	OR	Signature of Near Relative/Legal Guardian (if applicable)
	8-29-18	X
	Date	Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name MITCHELL		First Name ZHANE		Middle Name GABRIELLE		Suffix	
Home Address (NC Residential Address.) 3371 CROMARTIE RD.				Mailing Address (if different than home address.) P.O. Box 864			
City ELIZABETHTOWN		State NC	Zip Code 28337	City Elizabethtown		State NC	Zip Code 28337
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>							
You must provide at least one identification number below. (or see instructions)				Voter Registration No.		Phone (optional)	
NC License or ID Number		SSN X X X - X X		Optional		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 864			City Elizabethtown		State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (If appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sign <u>X</u>	Signature of Near Relative/Guardian (if applicable) <u>9/29/2018</u> <u>X</u>
Date	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 915

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Ludlum</u>		First Name <u>Harley</u>		Middle Name <u>Lane</u>	
Home Address (NC Residential Address.) <u>1956 Hwy 410 S</u>				Mailing Address (If different than home address.)	
City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

9-1-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina Exhibit 4.2.3.1.2

Bladen County Board of Elections
P. O. BOX 512 1850 of 2658
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>JONES</u>		First Name <u>Todd</u>		Middle Name <u>L</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>47 BACK DR</u>				Mailing Address (If different than home address.) <u></u>	
City <u>CLARKTON</u>		State <u>NC</u>	Zip Code <u>28433</u>	City <u></u>	State <u></u> Zip Code <u></u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u></u> Previous Name (if applicable) <u></u>	
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX -</u>				Voter Registration No. <u></u>	Phone (optional) <u>302-8347</u>
				Email (optional) <u></u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u></u>		City <u></u>	State <u></u>	Zip Code <u></u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u></u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u></u>		Name of Corporation (If appointed legal guardian) <u></u>		
City <u></u>	State <u></u>	Zip Code <u></u>	Requestor's Phone <u></u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u></u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u></u>

Signature of Voter (voter only) <u></u>	Signature of Relative/Near Guardian (if applicable) <u></u>
Date <u>10/10/18</u>	Date <u>X</u>

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

NOV 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1851 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Tyler</u>		First Name <u>Beverly</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>303 Pecan St #3E</u>				Mailing Address (If different than home address) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification NC License or ID Number <u>[REDACTED]</u>			Voter Registration No. Optional <u>[REDACTED]</u>		
			Phone (optional) <u>[REDACTED]</u>		
			Email (optional) <u>[REDACTED]</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
[REDACTED]

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ EmailFax Number or Email Address
[REDACTED]Signature of Near Relative/Legal Guardian (if applicable)
8-26-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

NOV 10 2018

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Graham</u>		First Name <u>Dorrell</u>		Middle Name <u>Antonio</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>948 Willard tatum Rd.</u>				Mailing Address (If different than home address.) <u>274 P.O. Box</u>			
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (If applicable)	
If "No," indicate the date of your move: <u>1/1</u>				Voter Registration No. <u>[REDACTED]</u>		Phone (optional) <u>(910) 545-8890</u>	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>				Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

8-14-18 X
Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

301 S Cypress St
Elizabethtown NC
28337
PHONE: 910-862-6951
bladen.boe@ncsbe.gov

1853 of 2658
Mailing Address
PO Box 512
Elizabethtown
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>MOORE</u>		First Name <u>Barry</u>		Middle Name <u>LIONEL</u>			
Home Address (NC Residential Address.) <u>494 Dickson Rd.</u>				Mailing Address (If different than home address.) [REDACTED]			
City <u>Riegelwood</u>		State <u>N.C.</u>	Zip Code <u>28456</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1</u>				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X</u> [REDACTED]				Voter Registration No. Optional		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) [REDACTED]				State		Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian							
Requestor's Address				Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone <u>910-655-9744</u>		Requestor's Email	

RECEIVED
OCT 15 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely				Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email			
Current Address (Address where you are currently stationed or living overseas.)				Fax Number or Email Address			

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) *Election*

Voter Information

Last Name <u>MOORE</u>		First Name <u>Barry</u>		Middle Name <u>LIONEL</u>	
Home Address (NC Residential Address.) <u>494 Dickson Rd.</u>				Mailing Address (If different than home address.)	
City <u>Riegelwood</u>	State <u>N.C.</u>	Zip Code <u>28456</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move:			<div style="text-align: center;"> RECEIVED APR 23 2018 TIME _____ REC'D BY _____ BLADEN CO. BO. OF ELECTIONS </div>		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No.		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)


Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

4-21-18 X

Date

Date

	NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255	
	PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov	

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
 Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information					
Last Name Deaver		First Name Teddy		Middle Name Randall	
Home Address (NC Residential Address.) 1466 Shannon Dr.			Mailing Address (If different than home address.)		
City Clarkton	State N.C.	Zip Code	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1/			Previous Name (if applicable)		
You must provide at least one identification: NC License or ID Number X			Voter Registration No. Phone (optional) Email (optional)		

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) 1466 Shannon Dr.		City Clarkton	State NC
		Zip Code 28433	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian) TIME _____ REC'D BY _____ BLADEN CO. BD. OF ELECTIONS	
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
X	X
Date 4/24/18	Date



Exhibit 4.2.3.1.2

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State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5/8/18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Butler	First Name Austine	Middle Name Lee	Suffix
Home Address (NC Residential Address.) 244 Brisson Carol Rd		Mailing Address (If different than home address.)	
City Tar Heel	State NC	Zip Code 28382	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1/		Registration No.	Phone (optional) (910) 316-8382
You must provide at least one identification number NC License or ID Number SSN X X		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Foy</u>	First Name <u>VINCENT</u>	Middle Name <u>B</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>SAME</u> [REDACTED]		Mailing Address (If different than home address.) [REDACTED]		
City <u>P.O. BOX 104</u>	State <u>NC</u>	Zip Code <u>28448</u>	City <u>KELLY</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>KELLY</u>		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification number [REDACTED] X		Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

RECEIVED

OCT 24 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Gaskins</u>		First Name <u>Mary</u>		Middle Name <u>O'Neal</u>	
Home Address (NC Residential Address.) <u>209 Mercer Mill Rd. apt 2c</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: _____			County of Residence <u>Bladen</u>		
You must provide at least one identification number (NC License or ID Number, SSN, etc.) [REDACTED]			Voter Registration No. (Optional) [REDACTED]		
[REDACTED]			Phone (optional) [REDACTED]		
[REDACTED]			Email (optional) [REDACTED]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility: _____					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-13-18 X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

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State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11/6/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name INGRAM		First Name CHARLES		Middle Name THOMAS		Suffix	
Home Address (NC Residential Address.) 34 KILDEE DR.				Mailing Address (If different than home address.)			
City HARRELLS	State NC	Zip Code 28444		City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: [Redacted]				Voter Registration No. [Redacted]		Phone (optional) [Redacted]	
				Optional		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation [Redacted]		
City	State	Zip Code	Requestor's Phone [Redacted]	

RECEIVED
OCT 15 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable)

Date

www.ncsbe.gov to check your voter registration or absentee voting status.

VERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2

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State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General

on

Nov 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name

GANTT

First Name

MARY

Middle Name

JANE

Home Address (NC Residential Address.)

34 KILDEE DR.

Mailing Address (if different than home address.)

City

HARRELLS

State

NC

Zip Code

28444

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identifier
NC License or ID Number

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

34 Kildee Drive

City

Harrells

State

NC

Zip Code

28444

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X

Date

Date

SBCE.gov to check your voter registration or absentee voting status.

FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

INTENTIONALLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Whitted	First Name Fonda	Middle Name Eleana			
Home Address (NC Residential Address.) 5505 5437 Chickenfoot Rd					
City Saint Pauls	State NC	Zip Code 28384	City ST. Pauls	State NC	Zip Code 28384
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>08/10/21/18</u>			County of Residence Bladen		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			Voter Registration No. <input checked="" type="checkbox"/> Phone (optional) <input type="checkbox"/> Email (optional) <u>e.deana@hotmail.com</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 5505 Chickenfoot Rd.		City ST. Pauls	State NC	Zip Code 28384
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> registered partner		
Requestor's Address		Name of Corporation (If appointed legal guardian) OCT 24 2018		
City	State	Zip Code	Requestor's Phone	Requestor's Email TIME REC'D BY BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable)

10/22/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 08 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Tyler</u>		First Name <u>Jeffery</u>		Middle Name <u>Lee</u>	
Home Address (NC Residential Address.) <u>110 N. Newton St.</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number _____ SSN _____		Voter Registration No. _____ <i>Optional</i>		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>110 N. Newton St.</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/6/18
 Date

X
 Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

p25

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Smith</u>		First Name <u>Elizabeth</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>10759 S College St Apt. 1G</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>[REDACTED]</u>		Previous Name (if applicable) <u>[REDACTED]</u>
If "No," indicate the date of your move: <u>[REDACTED]</u>					
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>
			Email (optional) <u>[REDACTED]</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
<p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference:</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p>				
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
[REDACTED]

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address
[REDACTED]

Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED]

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512864 of 2658
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smith</u>	First Name <u>Elizabeth</u>	Middle Name <u>H</u>	Suffix [Redacted]
Home Address (NC Residential Address.) <u>10759 St College St APT 1G</u>		Mailing Address (If different than home address.) [Redacted]	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City [Redacted]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (If applicable)
If "No," indicate the date of your move: <u>1/1</u>			
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number	SSN <u>X X X - X X - [Redacted]</u>	[Redacted]	[Redacted]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature [Redacted] Signature of Near Relative/Legal Guardian (if applicable) X
Date 9-18-18 Date _____



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smith</u>	First Name <u>Elizabeth</u>	Middle Name <u>H</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>10759 st college st APT 16</u>		Mailing Address (If different than home address.)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move:		Bladen		
You must provide at least one identification number (NCL) <input checked="" type="checkbox"/> [REDACTED] <input type="checkbox"/> [REDACTED]		Ballot Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>above</u>	City <u>Bladen</u>	State <u>NC</u>	Zip Code <u>28433</u>
<p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference:</p> <p><input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p>			
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>If "Yes," what is the name and address of the hospital or facility:</p>			
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-19-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Simmons</u>		First Name <u>Brittany</u>		Middle Name <u>Renee</u>	
Home Address (NC Residential Address.) <u>146 Daves Drive</u>				Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/20/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Simmons</u>		First Name <u>Joshua</u>		Middle Name <u>Edward</u>	
Home Address (NC Residential Address.) <u>146 Daves Drive</u>				Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	TIME	REC'D BY	State	Zip Code
				BLADEN CO. CL. OF ELECTIONS		
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.						
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name <u>Brittany Simmons</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent				
Requestor's Address <u>146 Daves Drive</u>		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law				
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>	Requestor's Phone <u>910-633-8718</u>		
		Name of Corporation (if appointed legal guardian)				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Brittany Simmons 8/20/18
Date Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 2018

Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Hall</u>		First Name <u>Vanessa</u>		Middle Name <u>Denise</u>	
Home Address (NC Residential Address.) <u>803 Williams street</u>				Mailing Address (If different than home address.) <u>312 Browns Creek Church Rd</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [Redacted]			Previous Name (if applicable)		
You must provide at least one identification [Redacted] <input checked="" type="checkbox"/> X			Voter Registration No. Optional		Phone (optional) <u>910-874-2406</u>
					Email (optional) <u>vdhall1590@mail.james-spant.edu</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>312 Browns Creek Church Rd</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-15-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1869 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name
McLaurin	Ngetwan	C
Home Address (NC Residential Address.)		
658 Avenue Ave		
City	State	Zip Code
White Oak	NC	28399
Mailing Address (If different than home address.)		
PO Box 392		
City	State	Zip Code
Elizabethtown	NC	28337
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
County of Residence		
Bladen		
Previous Name (if applicable)		
If "No," indicate the date of your move:		
You must provide at least one identification number		
NC License or ID Number	SSN	Driver Registration No. Optional
		Phone (optional)
		803-729-7616
		Email (optional)
		ngetwan25@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by:
	(Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-15-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2013

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

501

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Britt</u>		First Name <u>Graham</u>		Middle Name <u>T</u>	
Home Address (NC Residential Address.) <u>145 Edd Sessom Rd</u>				Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City		State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification <input checked="" type="checkbox"/> SSN <input type="checkbox"/> Driver's License			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-8-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Moody</u>		First Name <u>Christine</u>		Middle Name <u>HAYES</u>	
Home Address (NC Residential Address.) <u>8580 NC 242 Hwy N</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable)		
You must provide at least one identification number (SSN, Driver's License, etc.) <u>X</u>		Voter Registration No. <u>00000</u> <u>54378</u>		Phone (optional)	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>8580 NC Hwy 242 N</u>			City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name (First) (Middle) (Last) (Suffix)			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

RECEIVED

OCT 22 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/17/18
Date

X

Date



NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Dowless</u>		First Name <u>DONNA</u>		Middle Name	
Home Address (NC Residential Address.) <u>3532 Twisted Hickory Rd</u>				Mailing Address (If different than home address.)	
City <u>Elizabeth town</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number		SSN <u>X</u>	Voter Registration No. <small>Optional</small>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

5/8/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED**AUG 17 2018**

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)**Voter Information**

Last Name <u>Clark</u>		First Name <u>Shontela</u>		Middle Name <u>D</u>	
Home Address (NC Residential Address.) <u>201 Wright Street Apt 29</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
Previous Name (if applicable)					
If "No," indicate the date of your move:					
You must provide at least one identification (SSN, Driver's License, etc.)				Voter Registration No. Optional	
				Phone (optional)	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-13-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Effect

Voter Information

Last Name <u>MCKIVER</u>		First Name <u>CRYSTAL</u>		Middle Name <u>S</u>	
Home Address (NC Residential Address.) <u>41 Plumtree Lane P.O. Box 642</u>				Mailing Address (If different than home address.) <u>Elizabethtown NC 28337</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC Voter ID Number <u>[REDACTED]</u> Issn <u>[REDACTED]</u>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/28/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 1875 of 2658

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>McKiver</u>		First Name <u>Crystal</u>		Middle Name <u>S</u>	
Home Address (NC Residential Address.) <u>41 Plumtree Lane</u>				Mailing Address (If different than home address.) <u>PO Box 662</u>	
City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [Redacted]			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>	Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 10 2018

TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

1876 of 2658

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: **GENERAL ELECTION** on **NOVEMBER 6, 2018**
Election Type (Primary, General, Municipal, Special, etc.) Election Year

Voter Information

Last Name <u>Monroe</u>	First Name <u>Dwaine</u>	Middle Name
Home Address (NC Residential Address.) <u>294 McKoy Rd</u>		Mailing Address (If different than home address.)
City <u>Elizabeth Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Registration No. Optional
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-27-2018 X

Date

Date

RECEIVED
OCT 05 2018
REC'D BY
BLADEN CO. BD. OF ELECTIONS



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Burney	First Name Jerry	Middle Name Kay	Suffix
Home Address (NC Resident Address) 153 Old Boardman Rd.		Mailing Address (If different than home address.)	
City Bladenboro	State	Zip Code	City
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move:			
You must provide at least one identification number (e.g., driver's license, state ID, or Social Security Number) X		Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) same as above	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date

202



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Burney</u>		First Name <u>Jeiry</u>		Middle Name <u>E</u>	
Home Address (NC Residential Address.) <u>11-C Village OAK'S APT</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC State ID, or US Passport)			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-9-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
115 Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

MAR 13 2018

PHONE: 910-862-6951
REC'D BY: elections@bladenco.org

FAX: 910-862-7802

202

TIME _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Buckney</u>	First Name <u>Jerry</u>	Middle Name <u>K</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>303 PECAN ST APT 11-C</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC ID Card, or Social Security Number) [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-11-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name Graham	First Name Donald	Middle Name [REDACTED]
Home Address (NC Residential Address.) 303 Pecan St #3B		Mailing Address (If different than home address.)
City Bladenboro	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)
Your NC Identification No. [REDACTED]		Phone (optional)
Voter Registration No. [REDACTED]		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) same	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-23-18 **X**

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC

Mailing Address
PO Box 512
Elizabethtown NC 28337

RECEIVED**MAR 13 2018**

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Graham</u>	First Name <u>Donald</u>	Middle Name <u>Ray</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>303 Pecan St. 3B</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____			
Voter Registration No. [REDACTED] (or see instructions)		Voter Registration No. [REDACTED]	Phone (optional)
[REDACTED] X X - X X - [REDACTED]			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-11-18
Date

X

Date



FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Bowen	First Name David	Middle Name Dean	Suffix [REDACTED]
Home Address (NC Residential Address.) 161 Cater Rd		Mailing Address (if different than home address.) [REDACTED]	
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	City [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1			
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional	Phone (optional)
NC License or ID Number	SSN X X X - X X		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) [REDACTED]		State [REDACTED]	Zip Code [REDACTED]
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone 910, 465-7269
			Requestor's Email [REDACTED]

RECEIVED

OCT 22 2018

TIME REC'D BY

BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Si

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

RECEIVED

OCT 04 2018

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Council</u>	First Name <u>Archinda</u>	Middle Name <u>M</u>
Home Address (NC Residential Address.) <u>6496 River Rd.</u>		Mailing Address (If different than home address.)
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		voter Registration No. <u>[REDACTED]</u> Phone (optional) <u>[REDACTED]</u> Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-30-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>HESTER</u>	First Name <u>HILARY</u>	Middle Name <u>PAIGE</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>3873 MARSH ROAD</u>		Mailing Address (If different than home address.) <u>Same</u>	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>[REDACTED]</u>			
You must provide at least one identification number (NC ID, Driver's License, etc.) <u>[REDACTED]</u>		Voter Registration No. (Optional)	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> son-in-law	<input type="checkbox"/> brother/sister <input type="checkbox"/> grandchild <input type="checkbox"/> daughter-in-law	<input type="checkbox"/> parent <input type="checkbox"/> stepchild <input type="checkbox"/> legal guardian	<input type="checkbox"/> grandparent <input type="checkbox"/> mother-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/03/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>COMARIE</u>		First Name <u>CHARLES</u>		Middle Name <u>DARREN</u>		SSN [REDACTED]	
Home Address (NC Residential Address.) <u>10213 NC Hwy 87W</u>				Mailing Address (if different than home address.) [REDACTED]			
City <u>TAR HIER</u>		State <u>NC</u>	Zip Code <u>28392</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>				Voter Registration No.		Phone (optional) <u>910 876-2753</u>	Email (optional)
You must provide at least one identification number below (see instructions) NC License or ID Number		SSN <u>XXX</u>	[REDACTED]				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City		State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email	

RECEIVED
OCT 10 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) [REDACTED]	Signature of Relative/Near Guardian (if applicable) <u>X</u>
Date <u>10-9-18</u>	Date

corrected
1886-6-2658
3/20/18



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 20 2018

received
3/20/18

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-2018
Election Date

Voter Information

Last Name SAMPSON	First Name DAVID	Middle Name HUGH	Suffix	Date of Birth
Home Address (NC Residential Address.) 1254 ZION HILL CHURCH RD		Mailing Address (If different than home address.) PO BOX 1230		
City BLADENBORO	State NC	Zip Code 28320	City BLADENBORO	State NC
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN	Previous Name (if applicable)	
If "No," indicate the date of your move:				
You must provide at least one Identification number NC [REDACTED]		Driver Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO BOX 1230		City BLADENBORO	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-19-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 13 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

202

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-2018

Election Date

Voter Information

Last Name <u>SAMPSON</u>	First Name <u>DAVID</u>	Middle Name <u>HUGH</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1254 210N HILL CHURCH Rd.</u>		Mailing Address (if different than home address.) <u>PO Box 1230</u>		
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>BLADENBORO</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]				
You must provide at least one identification number (NC ID, Driver's License, etc.) [REDACTED] X		Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1230</u>		City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Sign

Signature of Near Relative/Legal Guardian (if applicable)

X 2.24.18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Elect*

Voter Information

Last Name EVANS		First Name DONNA		Middle Name LOCKLEAR	
Home Address (NC Residential Address.) 14970 NC 242 HWY 5				Mailing Address (If different than home address.) PO Box 1076	
City BLADENBORO	State NC	Zip Code 28320	City BLADENBORO	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, State ID, or Social Security Number)			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO Box 1076		City BLADENBORO	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 04 2018

TIME REC'D BY
 BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/14/18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

TIME _____ RECEIVED BY _____
BLADEN COUNTY BOARD OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Montgomery</u>		First Name <u>Ray</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>62 Montgomery Road</u>				Mailing Address (If different than home address.) <u>62 Montgomery Road</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
Y <u>[REDACTED]</u> in number below. (or see instructions)			Voter Registration No. Options: <u>[REDACTED]</u>		
X X X - X X			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>62 Montgomery Rd</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Ray Montgomery</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>62 Montgomery Road</u>		Name of Corporation (If appointed legal guardian)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	Requestor's Phone <u>910-872-4680</u>	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-5-2018

Date

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cromastie</u>		First Name <u>Freddie K</u>		Middle Name <u>OBrian</u>	
Home Address (NC Residential Address.) <u>2584 Lisbon Rd</u>				Mailing Address (If different than home address.)	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>	Voter Registration No.	Phone (optional) <u>910 874 2057</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 10 2018
REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10-9-18 X

Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cromartie</u>	First Name <u>Frederick</u>	Middle Name <u>O</u>		
Home Address (NC Residential Address.) <u>2584 Lisbon Rd</u>		Mailing Address (if different than home address.)		
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1</u>				
You must provide at least one identification number NC License or ID Number <u>XX X</u> SSN <u>[REDACTED]</u>		Registration No.	Phone (optional) <u>910 874-2057</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☒ Mail ☐ Fax ☐ Email

Fax Number or Email Address

TIME APR 25 2018 REC'D BY [REDACTED]
BLADEN CO. BD. OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

[Signature]
Date 4/26/18

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McDowell</u>		First Name <u>Kristi</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>43 Tray Wills Dr</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Coune, T</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>	Voter Registration No.	Phone (optional) <u>910-874-2682</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 10 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10/9/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election #

Voter Information

Last Name <u>MCDowell</u>		First Name <u>Kristi</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>43 Troy Willis Dr.</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>[REDACTED]</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number: NC License or ID Number <u>SSN</u> <u>X X X</u>			Registration No. <u>[REDACTED]</u>	Phone (optional) <u>874-2682</u>	Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>			City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>[REDACTED]</u>			Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>	RECEIVED APR 20 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
[REDACTED]

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address
[REDACTED]

Signature of Near Relative/Legal Guardian (if applicable)

4.20.18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: **GENERAL ELECTION** on **NOVEMBER 6, 2018**
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name SIMPSON		First Name JAMES		Middle Name JR	
Home Address (NC Residential Address.) 28650 NC Hwy 210 East				Mailing Address (If different than home address.)	
City CURRIE	State NC	Zip Code 28435	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 30 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

[Signature]
Date

X

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

EXHIBIT 4.2.3.1.2

1695 OF 2656



State Absentee Ballot Request Form North Carolina

RECEIVED
OCT 05 2010

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

Election Date

Voter Information

Last Name HENDREN	First Name JOHN	Middle Name THOMAS	Suffix JR
----------------------	--------------------	-----------------------	--------------

Home Address (NC Residential Address.) 2257 GRIMES SINGLETARY RD.	Mailing Address (If different than home address.)
--	---

City TAR HEEL	State NC	Zip Code 28392	City Tar Heel	State NC	Zip Code 28392
------------------	-------------	-------------------	------------------	-------------	-------------------

Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	County of Residence Bladen	Previous Name (if applicable)
---	-------------------------------	-------------------------------

If "No," indicate the date of your move: / /

You must provide at least one identification NC license or ID Number SSN X	Registration No. Optional	Phone (optional)	Email (optional)
---	------------------------------	------------------	------------------

Where should the ballot be mailed?	City	State	Zip Code
------------------------------------	------	-------	----------

If voter is registered as **Unaffiliated** and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian

Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by: (Military/Overseas Voters Only)	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax	<input type="checkbox"/> Email
Fax Number or Email Address			

Signature of Near Relative/Guardian (if applicable)

10-1-18

Date

X

Date

V2013.11

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Rose</u>		First Name <u>Christopher</u>		Middle Name	
Home Address (NC Residential Address.) <u>664 GOVERNORS ESTATE DR.</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move:			<div style="text-align: right;"> RECEIVED APR 09 2018 REC'D BY BLADEN CO. BO. OF ELECTIONS </div>		
You must provide at least one identification number (NC Driver's License or ID Number)			Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>WILLIS</u>		First Name <u>DERRICK</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>7095 Airport Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (for see instructions)			Voter Registration No.		
NC License or ID Number SSN <u>X X X [REDACTED]</u>		Phone (optional) <u>910 645-2361</u>		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 15 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10/13/18 X
Date

Date

Go to www.bladenco.org to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina Exhibit 4.2.3.1.2

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 5898 of 2658
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

RECEIVED

AUG 17 2018

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

BLADEN CO. BD. OF ELECTIONS

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Drayton	Drayton		
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
38 George W Kelly Rd		P.O. Box 154	
City	State	Zip Code	City
Clarkton	NC	28433	Clarkton
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: 1/1		Bladen	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number	SSN	Optional	Email (optional)
	XXX - XX -		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
Clarkton P.O. Box 154		Clarkton	NC	28433
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Sign X Signature of Near Relative/Legal Guardian (if applicable) X
Date 8-8-18 Date

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2

1059 OF 2000



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name

MCKEE

First Name

ELOISE

Middle Name

LITTLE

Suffix

Home Address (NC Residential Address.)

419 ELIZABETHTOWN RD., APT. 8A

Mailing Address (if different than home address.)

City

BLADENBORO

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move: / /

You must provide at least one identification number

NC License or ID Number

SSN

X X

Registration No.

Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

419-Elizabethtown RD Apt. 8A

City

Bladenboro

State

NC

Zip Code

28320

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother /sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Guardian (if applicable)

X

Date

Date

V2013.11

visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

33313205110 NC8W0977055 IVNC



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name PAIT	First Name VICTORIA	Middle Name GRACE
Home Address (NC Residential Address.) 91 PARSONAGE RD		Mailing Address (If different than home address.) 39 Jude Court
City BLADENBORO	State NC	Zip Code 28320
City Greer		State SC
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Zip Code 29651
County of Residence BLADEN		Previous Name (if applicable)
If "No," indicate the date of your move: / /		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Voter Registration No. 00000054826
Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 39 Jude Court.		City Greer	State SC	Zip Code 29651
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name Angela Pait		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address 91 Parsonage Rd.		Name of Corporation (If appointed legal guardian)		
City Bladenboro	State NC	Zip Code 28320	Requestor's Phone 863-4807	Requestor's Email adpait@juno.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email (Military/Overseas Voters Only) RECEIVED OCT 23 2018 Fax Number or Email Address TIME REC'D BY BLADEN CO. BD. OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

X Angela Pait

10.23.18

Date

Date



1901 of 2658

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on May 8, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Pait</u>		First Name <u>Victoria</u>		Middle Name <u>Grace</u>		Suffix [REDACTED]	
Home Address (NC Residential Address.) <u>91 Parsonage Rd.</u>				Mailing Address (if different than home address.) [REDACTED]			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/18</u>							
You must provide at least one identification number: NC license or ID Number: [REDACTED] SSN: [REDACTED] <u>X X</u>				Registration No. Optional	Phone Optional	Email Optional	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>39 Jude Court</u>		City <u>Greer</u>		State <u>SC</u>	Zip Code <u>29651</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: [REDACTED]					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>Angela D. Pait</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>91 Parsonage Rd.</u>		Name of Corporation (if appointed legal guardian)			
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone <u>863-4807</u>	Requestor's Email <u>adpait@juno.com</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address	

OR Signature of Near Relative/Legal Guardian (if applicable)

X Angela Pait

4-8-18

Date

Date

Go to www.bladenco.org to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

 TIME _____ RECEIVED BY _____
 BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>McKoy</u>		First Name <u>Ronk McKoy</u>		Middle Name <u>Daywan</u>	
Home Address (NC Residential Address.) <u>466 Avenue Avenue Rd</u>				Mailing Address (If different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/15/18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

P. 25

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Election*

Voter Information

Last Name <u>Clayton</u>		First Name <u>Christie</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>160 Clark Street</u>				Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u> Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 191</u>		City <u>Clarkton</u>	TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9/5/18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 19 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Clark</u>	First Name <u>Bobby</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>303 Pecan St Apt. 9C</u>		Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____			
Voter Registration No. (Optional) <u>XX - XX</u>		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a <i>partisan</i> primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature <u>X</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>03-18-18</u>	Date



State Absentee Request Form

North Carolina

AUG 17 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Lewis</u>		First Name <u>Stacy</u>		Middle Name <u>Lee</u>	
Home Address (NC Residential Address.) <u>320 Browns Creek Church Rd</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification [Redacted] SSN [Redacted] X			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

201



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jackson</u>		First Name <u>John</u>		Middle Name <u>Clay</u>	Suffix [Redacted]
Home Address (NC Residential Address.) <u>131 Butters loop Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: [Redacted]			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [Redacted] SSN [Redacted]		Registration No.	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) RECEIVED		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

2-12-17
Date

X
Date



State Absentee Ballot Request Form

North Carolina Exhibit 4.2.3.1.2

Bladen County Board of Elections
P. O. BOX 512 1907 of 2658
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Ashe</u>		First Name <u>Balaji</u>		Middle Name <u>IA</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>300 Hill St</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX - [REDACTED]</u>			Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Matasha C Anderson</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>300 Hill St</u>		Name of Corporation (If appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only) <u>X [REDACTED]</u>	Signature of Relative/Near Guardian (if applicable) <u>X Matasha Anderson</u>
Date <u>[REDACTED]</u>	Date <u>10/10/18</u>

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Ashe</u>		First Name <u>Balaji</u>		Middle Name <u>Antonio</u>	
Home Address (NC Residential Address.) <u>300 Hill ST</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XXXX</u> SSN <u>XXXX</u>			Registration No.	Phone (optional) <u>247-6026</u>	Email (optional)

Absentee voting information

Absentee Mailing Address (Where should the ballot be mailed?) <u>300 Hill ST</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name <u>Matasha Anderson</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>300 Hill ST</u>		Name of Corporation (If appointed legal guardian)			
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone	Requestor's Email	

RECEIVED

APR 20 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Matasha Anderson

4/17/18

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1909 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McLean</u>	First Name <u>William</u>	Middle Name <u>M</u>
Home Address (NC Residential Address.) <u>94 Ruth Hayes Rd</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u> <input checked="" type="checkbox"/> X		Other Registration No. <u>[REDACTED]</u> Phone (optional) <u>[REDACTED]</u> Email (optional) <u>[REDACTED]</u>

RECEIVED

OCT 04 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 673</u>	City <u>Bladenboro</u>	TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-28-18 X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McLean</u>		First Name <u>William</u>		Middle Name <u>Mitchell</u>	
Home Address (NC Residential Address.) <u>94 Ruth Hayes Rd</u>				Mailing Address (If different than home address.) <u>PO Box 673</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable)		
You must provide at least one identification number SSN <u>X</u>		Voter Registration No.		Phone	Email

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 673</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)	OR Signature of Near Relative/Legal Guardian (if applicable)
<u>2-22-2018X</u>	
Date	Date

Go to [www.bladenco.org](#) to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1-2

1911 of 2056



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General

on 11-6-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
ANDREWS	GEORGE	WORTHER	JR
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
256 BRIGHTEN RD.			
City	State	Zip Code	
RIEGELWOOD	NC	28456	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: / /		Previous Name (if applicable)	
You must provide at least one identification: NC License <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/> Other <input type="checkbox"/>		Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
256 Brighten Rd		Riegelwood	N.C.	28456
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
(First) (Middle) (Last) (Suffix)		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
City		State	Zip Code	Name of Corporation (if appointed legal guardian)
Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter	Signature of Near Relative/Guardian (if applicable)
X	
Date	Date
9/27-18	X

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1912 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Kelley</u>		First Name <u>Austin</u>		Middle Name <u>Davis</u>	
Home Address (NC Residential Address.) <u>19478 NC Hwy 410 S</u>			Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>X</u>		SSN <u>[REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u>	
[REDACTED]		[REDACTED]		Phone (optional) <u>[REDACTED]</u>	
[REDACTED]		[REDACTED]		Email (optional) <u>[REDACTED]</u>	
RECEIVED OCT 04 2018					
Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>			City <u>Bladen</u> TIME REC'D BY <u>BLADEN CO. BD. OF ELECTIONS</u> State <u>NC</u> Zip Code <u>28320</u>		
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-1-17 X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
SINGLETARY	LAURA	TERESA		
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)		
19197 NC 410 HWY.		19197		
City	State	Zip Code	City	State
BLADENBORO	NC	28320		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move		Bladen		
You must provide at least one identifier		Voter Registration No.		
		Phone (optional)		
		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
19197 NC 410 Hwy		Bladenboro	NC	28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information, and relationship to voter:				
Requestor's Name		Requestor's Address		
(First) (Middle) (Last) (Suffix)		Name of Corporation (if appointed legal guardian)		
Requestor's Address		Requestor's Phone		
City		Requestor's Email		
State		TIME REC'D BY		
Zip Code		BLADEN CO. BO. OF ELECTIONS		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by:
	(Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)
10-15-18 X
Date

NCsbe.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

Change
OF
Address
202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Caulder</u>		First Name <u>Dominique</u>		Middle Name <u>Lee</u>	
Home Address (NC Residential Address.) <u>432 Old Place Lane</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification number (NC Driver's License Number, SSN, etc.)			Voter Registration No. (Optional)		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>432 Old Place Lane</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/16/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov 6th, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Harrell</u>	First Name <u>Christopher</u>	Middle Name <u>Michael Barnes</u>	Suff <u>[Redacted]</u>
Home Address (NC Residential Address.) <u>1272 Bay Tree Drive</u>		Mailing Address (If different than home address.) <u>447 Stadium Drive</u>	
City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>	City <u>Wake Forest</u>
Have you lived at this address for more than If "No," indicate the date of your move: <u>[Redacted]</u>		County of Residence <u>Wake Forest</u>	Previous Name (if applicable)
You must provide at least one identification SSN <u>[Redacted]</u>		Voter Registration No. <u>[Redacted]</u>	Phone (optional) <u>[Redacted]</u>
		Email (optional) <u>[Redacted]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>447 Stadium Drive</u>		City <u>Wake Forest</u>	State <u>NC</u>	Zip Code <u>27887</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[Redacted]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 1916 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>COX</u>		First Name <u>James</u>		Middle Name <u>D</u>	
Home Address (NC Residential Address.) <u>315 Homer Dr</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <u>X</u> SSN <u>X</u>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-6-18
DateX
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name <u>McPherson</u>		First Name <u>Jack</u>		Middle Name <u>Kobert</u>	
Home Address (NC Residential Address.) <u>155 Old Abbottsburg Rd.</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State	Zip Code	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (SN)			Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

REC'D BY
CO. BD. OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

3-20-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Bobbey</u>		First Name <u>Brittany</u>		Middle Name <u>Corinne</u>	
Home Address (NC Residential Address.) <u>12361 NC 53 HWY west</u>				Mailing Address (If different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XX</u>		Voter Registration No. <u>5145</u>		Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>8022 Timberlake Rd #28</u>		City <u>Lynchburg</u>	State <u>VA</u>	Zip Code <u>24502</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Heather Bobbey</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>12351 NC 53 HWY west</u>		Name of Corporation (if appointed legal guardian)		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	Requestor's Phone <u>410-850-9322</u>	Requestor's Email <u>hbobbey@fca patriots.org</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Heather S. Bobbey 4/23/18
Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name LASHLEY		First Name JULIA		Middle Name ANN	Suffix
Home Address (NC Residential Address.) 404 S. ASHE ST.				Mailing Address (if different than home address.)	
City BLADENBORO	State NC	Zip Code 28320		City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification: NC License or ID Number		SSN		Registration No.	Phone (optional) Email (optional)

RECEIVED
OCT 11 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	TIME	REC'D BY
			BLADEN CO.	BO OF ELECTIONS
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

10/7/18
Date

X
Date

gov to check your voter registration or absentee voting status.

SEE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
1920 of 2658
Physical Address
301 S Cypress St
Elizabethtown NC
28337
Mailing Address
PO Box 512
Elizabethtown
PHONE: 910-862-6951
bladen.boe@ncsbe.gov
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Lashley</u>	First Name <u>Julia</u>	Middle Name <u>Ann</u>
Home Address (NC Residential Address.) <u>404 S. Ashe St.</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>
[REDACTED]		Email (optional) <u>[REDACTED]</u>

RECEIVED

OCT 04 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>	City <u>Bladen Co. Bd. of Elections</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
Requestor's Email			

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9/7/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Melvin</u>	First Name <u>Sarah</u>	Middle Name <u>Elizabeth</u>	Suffix 	
Home Address (NC Residential Address.) <u>277 Zion Hill Church Rd.</u>		Mailing Address (If different than home address.) 		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/18</u>		Previous Name (If applicable)		
You must provide at least one identification number: NC License or ID Number <u>XXXX</u> SSN		Registration No.	Phone (optional)	Email (optional)

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City	TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-29-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Ele

Voter Information

Last Name <u>Nance</u>		First Name <u>Carlee</u>		Middle Name <u>F</u>	
Home Address (NC Residential Address.) <u>11832 HW 242 S</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification: NC License or ID Number <u>[REDACTED]</u>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-28-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1923 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202
B

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>DEAVER</u>	First Name <u>Kristin</u>	Middle Name <u>N</u>
Home Address (NC Residential Address.) <u>1140 Zion Hill church rd</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Voter Registration No. (Optional)
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/24/18 x

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Williams</u>	First Name <u>Charlene</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>132 BURDEN RD.</u>		Mailing Address (If different than home address.)	
City <u>Tort Huel</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move:		Driver Registration No. <i>Optional</i>	Phone (optional)
You must provide at least one identification number		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/19/18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512 1925 of 2658
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on May 8th 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bethea</u>		First Name <u>Charles</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>41 Smith Circle Apt. 24</u>				Mailing Address (If different than home address.) <u>Same</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>		City	State	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)				Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number SSN <u>XXX-XX</u>				RECEIVED		

APR 03 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	TIME BLADEN CO. BD. OF ELECTIONS	REC'D BY STATE	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X 3/23/18

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Campbell</u>		First Name <u>Samantha</u>		Middle Name <u>E</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>3275 NC 410 Hwy</u>				Mailing Address (If different than home address.) [REDACTED]		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]						
You must provide at least one identification number (NC Driver's License, NC ID Card, or U.S. Military ID Card) [REDACTED] X [REDACTED]			Voter Registration No. (Optional)		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/7/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 13 2018

TIME

REC'D BY

BLADEN CO. BD. OF ELECTIONS

Bladen County Board of Elections
P.O. BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Edwards	Debbie	Tatum	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
57 Shaw St.			
City	State	Zip Code	
Bladenboro	NC	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>1/1/18</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number			Email (optional)
SSN			
X X			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		State	Zip Code
Same as Above			
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	
		Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6/2-16-17 X

Date

Date

102

(2nd Request)
1928 of 2658**State Absentee Ballot Request Form**
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date**Voter Information**

Last Name <u>Edwards</u>		First Name <u>Debbie</u>		Middle Name <u>Tatum</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>57 Shaw St.</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: [REDACTED]				County of Residence Previous Name (if applicable)	
You must provide at least one identification number (NC Driver's License, Voter ID, etc.) [REDACTED]		Voter Registration No. (Optional)		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily (e.g., military service).

Current Address (Address where you are currently stationed or living overseas.)

RECEIVED
MAR 26 2018Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

BY
[REDACTED]
ELECTIONSSignature of Near Relative/Legal Guardian (if applicable)
3-24X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name MADE	First Name Richard	Middle Name Vance	Suffix J
Home Address (NC Residential Address.) 264 E 4th St		Mailing Address (If different than home address.)	
City Dublin	State NC	Zip Code 28332	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1			
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number	SSN X X		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 476		City Dublin	State NC	Zip Code 28332
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

1-3-18
Date

X
Date



202

Exhibit 4.2.3.1.2

1930 of 2658

State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 13 2018

Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820

elections@bladenco.org

TIME: _____ RECEIVED BY: _____
BLADEN COUNTY BOARD OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 3/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bryan</u>		First Name <u>Samuel</u>		Middle Name <u>David</u>		State <u>NC</u>	
Home Address (NC Residential Address.) <u>57 Shaw St</u>				Mailing Address (if different than home address.) <u>[Redacted]</u>			
City <u>Bladenboro</u>		State <u>NC</u>		Zip Code <u>28320</u>		City <u>[Redacted]</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		Previous Name (if applicable)			
If "No," indicate the date of your move: <u>1/1/18</u>		County of Residence		Previous Name (if applicable)			
You must provide at least one identification number: NC License or ID Number <u>[Redacted]</u> SSN <u>[Redacted]</u>		Voter Registration No.		Phone (optional)		Email (optional)	

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City <u>[Redacted]</u>		State <u>NC</u>		Zip Code <u>28320</u>	
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility: <u>[Redacted]</u>							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name <u>[Redacted]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address <u>[Redacted]</u>		Name of Corporation (if appointed legal guardian)		Requestor's Phone <u>[Redacted]</u>			
City <u>[Redacted]</u>		State <u>NC</u>		Zip Code <u>28320</u>		Requestor's Email <u>[Redacted]</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[Redacted]</u>		Fax Number or Email Address <u>[Redacted]</u>	

Signature of Near Relative/Legal Guardian (if applicable)

12-16-17 X
Date

Date

201



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

RECEIVED

OCT 03 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Other Information

Last Name <u>Campos</u>		First Name <u>David</u>		Middle Name <u>Alexis</u>	
Home Address (NC Residential Address.) <u>508 Ivey st</u>				Mailing Address (If different than home address.) <u>178 Butters Loop rd</u>	
City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XXXXXXXXXX</u>			Registration No.	Phone (optional) <u>270 473 3639</u>	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?) <u>178 Butters Loop rd</u>		City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☒ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1-1-18 X
Date

Date

201

Exhibit 4.2.3.1.2

CHANGE
1925 2658
ADDRESSState Absentee Ballot Request Form
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Campos</u>		First Name <u>David</u>		Middle Name <u>Alexis</u>		Suffix [REDACTED]	
Home Address (NC Residential Address.) <u>178 Butters Loop Rd</u>				Mailing Address (If different than home address.) [REDACTED]			
City <u>Bladenboro</u>		State <u>NC</u>		Zip Code <u>28320</u>		City [REDACTED]	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		Previous Name (if applicable)			
If "No," indicate the date of your move: [REDACTED]				Registration No.			
You must provide at least one identification number: NC License or ID Number [REDACTED]		SSN [REDACTED]		Phone (optional)		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>			City		State		Zip Code		
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan									
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No									
If "Yes," what is the name and address of the hospital or facility: [REDACTED]									
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:									
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian						
Requestor's Address			Name of Corporation (if appointed legal guardian)						
City		State		Zip Code		Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address	

RECEIVED

MAR 26 2018

BY
ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

12-1-17 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

RECEIVED
MAY 13 2018
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on may 8 - 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hester</u>	First Name <u>matthew</u>	Middle Name <u>Blake</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>401 Anne St</u>		Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC ID Card, or U.S. Military ID Card) <input checked="" type="checkbox"/>		Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-9-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P201

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Packer</u>		First Name <u>Emily</u>		Middle Name <u>Louise</u>	
Home Address (NC Residential Address.) <u>214 Dixie Lane</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. <i>Optional</i>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> son-in-law
	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian) TIME REC'D BY BLADEN CO. BD. OF ELECTIONS			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

State Absentee Ballot Request Form
North Carolina

RECEIVED

TO: Bladen County Board of Elections

BOX 512

Elizabethtown NC 28337

2018 PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.orgTIME: REC'D BY:
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Danay on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Packer</u>	First Name <u>Emily</u>	Middle Name <u>Louise</u>	Suffix
Home Address (NC Residential Address.) <u>57 Shaw St</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>1/1/18</u>		Previous Name (if applicable)	
You must provide at least one identification number NC License or ID Number <u>X</u> SSN <u>X</u>		Registration No.	Phone (optional)
		Email (optional)	

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as Above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

12/16/17X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
THOMPSON	MILLIE	A		
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)		
12948 NC 131 HWY.		P.O. Box 1141		
City	State	Zip Code	City	State
BLADENBORO	NC	28320	Bladenboro	N.C.
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification		Registration No.		
NC License or ID Number		Phone (optional)		
SSN		Email (optional)		
X		910-874-5010 N/A		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
P.O. Box 1141		Bladenboro	N.C.	28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
(First) (Middle) (Last) (Suffix)		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
City		Name of Corporation (if appointed)		
State		Requestor's Phone		
Zip Code		Requestor's Email		

RECEIVED

OCT 11 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

10-8-18 X

Date

Date

BE.gov to check your voter registration or absentee voting status.

SEE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>matheson</u>		First Name <u>Casey</u>		Middle Name <u>Leigh</u>		Suffix [REDACTED]	
Home Address (NC Residential Address.) <u>1109 Bullard St.</u>				Mailing Address (If different than home address.) [REDACTED]			
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>				Voter Registration No. <u>XX - XX - [REDACTED]</u>		Phone (optional)	
Email (optional)				Voter Registration No. <u>XX - XX - [REDACTED]</u>		Phone (optional)	
Email (optional)				Voter Registration No. <u>XX - XX - [REDACTED]</u>		Phone (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>Bladen</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

3/17/18
 Date

X
 Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Thompson	Kayla	Marie	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
192 E. Currie St.		P.O. Box 1195	
City	State	Zip Code	City
Clarkton	NC	28433	Clarkton
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>1/1/</u>		Bladen	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	
NC License or ID Number	SSN	Phone (optional)	Email (optional)
	X X		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		State	Zip Code
P.O. Box 1195		NC	28433
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently staying or living or using)	Transmit my ballot by:
	(Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date

Go to [www.bladenco.org](#) to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Dennis</u>	First Name <u>Hugh</u>	Middle Name <u>Chapman</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>1256 Cromartie Rd</u>		Mailing Address (If different than home address.) <u>P.O. Box 26</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number	SSN <u>X X X - X X</u>		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 26</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Nicole S Dennis</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>P.O. Box 26</u>		Name of Corporation (if appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910-645-4525</u>	Requestor's Email

RECEIVED

OCT 24 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10-22-18 Nicole S Dennis 10-22-18
Date Signature Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Dennis</u>		First Name <u>Hugh</u>		Middle Name <u>Chapman</u>	
Home Address (NC Residential Address.) <u>P.O. Box 26</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one Identification number NC License or ID Number		SSN	Voter Registration No.		Phone (optional)
X X					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 26</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Nicola (Niki) S. Dennis</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address <u>P.O. Box 26</u>		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	Name of Corporation (if appointed legal guardian)
Requestor's Phone <u>910-876-0349</u>		Requestor's Email <u>nikidennis54@yahoo.com</u>		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

RECEIVED

APR 23 2018

Signature of Near Relative/Legal Guardian (if applicable)

X Niki Dennis 4/18/18

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5/8/18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Edwards</u>	First Name <u>Brittany</u>	Middle Name <u>Lynn</u>	Suffix [Redacted]	
Home Address (NC Residential Address.) <u>307 Berry Lewis Rd</u>		Mailing Address (if different than home address.) [Redacted]		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/18</u>		Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XXXX</u> SSN <u>[Redacted]</u>		Registration No.	Phone (optional)	Email (optional)

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/29/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1942 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Brissan</u>	First Name <u>Kyle</u>	Middle Name <u>Randall</u>
Home Address (NC Residential Address.) <u>1153 pleasant Grove Church Rd.</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <u>X X</u>		Registration No. Optional
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/3/18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name BRISSON		First Name TYLAR		Middle Name Randall	Suffix
Home Address (NC Residential Address.) 1153 Pleasant Grove Ch. Rd.				Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: 1/1			Previous Name (if applicable)		
You must provide at least one identification number below (for see instructions) NCLicense or ID Number XX X			Voter Registration No.	Phone	Email

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1153 Pleasant Grove Ch. Rd.			City Bladenboro	TIME BLADEN CO. BOARD OF ELECTIONS	State BY NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address			Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

OR Signature of Near Relative/Legal Guardian (if applicable)

02-20-2018 X

Date

Date

SBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name BRISSON		First Name TYLAR		Middle Name Randall		Suffix	
Home Address (NC Residential Address.) 1153 Pleasant Grove Ch. Rd.				Mailing Address (If different than home address.)			
City Bladenboro		State NC	Zip Code 28320	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: 1/1/				You must provide at least one identification number (NC License or ID Number, NC Driver's License, or Social Security Number)		Phone	
NC License or ID Number		SSN		Voter Registration No.		Email	
X X X		X X X		RECEIVED			

Absentee Ballot Request (Not to be mailed)		City Bladenboro		TIME BLADEN CO. BOARD OF ELECTIONS	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)				
City		State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Voter	OR Signature of Near Relative/Legal Guardian (if applicable)
02-20-2018	X
Date	Date

NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

Ginger
Cheryl

201

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Sparkling</u>		First Name <u>Dustin</u>		Middle Name <u>DAKOTA</u>	
Home Address (NC Residential Address.) <u>104 Ivey St.</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28330</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28330</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification number: NC License or ID Number		SSN	Registration No. Optional	Phone (optional)	Email (optional)
<u>XX</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-19-18

X

Date

Date



202

Exhibit 4.2.3.1.2

1946 of 2658

State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 13 2018

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

TIME _____ REC'D BY _____

BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Spurling	Justin	D.	
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)	
401 Edwards Ave.			
City	State	Zip Code	City
Bladenboro	NC	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>1/1/18</u>		Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number		Registration No.	Phone (optional)
SSN		Phone (optional)	Email (optional)
X X			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
Same as Above			
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Kim H Spurling	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
401 Edwards Ave	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
Bladenboro	NC	28320	
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Kim Spurling

1-10-18

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 08 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Richardson</u>	First Name <u>Nathan</u>	Middle Name <u>Wendell</u>
Home Address (NC Residential Address.) <u>10127 HWY 131 North</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number (NC Driver's License, NC ID Card, or US Passport)		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>10127 HWY 131 North</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6901

elections@bladennc.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5/8/18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Richardson	First Name Nathan	Middle Name Wendell	Suffix [REDACTED]
Home Address (NC Residential Address.) 322 Sunset Park Rd		Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name
If "No," indicate the date of your move: ____/____/____		Registration No.	Phone (optional)
[REDACTED] number below. (or so)		[REDACTED]	
X X - X X		[REDACTED]	

RECEIVED

APR 13 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 357 Le'Nnon Bay Drive		City Bladenboro	State NC	Zip Code 28320
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas)	Transmit my ballot by: (Military/Overseas Voters Only)
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/10/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

SEP 21 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1949 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Hunt</u>		First Name <u>Zachary</u>		Middle Name <u>Chance</u>	
Home Address (NC Residential Address.) <u>499 Evers Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number NC License or ID Number		SSN <u>X X</u>	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>499 Evers Rd</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/7/18
Date

X

Date

TO: BLADEN COUNTY BOARD OF ELECTIONS 1950 of 2658



State Absentee Ballot Request Form

North Carolina

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Elect

Voter Information

Last Name <u>Hunt</u>	First Name <u>Rose</u>	Middle Name <u>Dowless</u>
Home Address (NC Residential Address.) <u>459 EVERS Rd</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification NC License or ID Number		Voter Registration No. Optional <u>001 04 2018</u>
		Phone (optional)
		Email (optional)
TIME REC'D BY BLADEN CO. BD. OF ELECTIONS		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-27-18
Date

X

Date



Exhibit 4.3.1.2

1951 of 2658

State Absentee Ballot Request Form
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**

I am requesting an absentee ballot for the:

Primary 5/8/2018

on

5/8/18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Hunt</u>		First Name <u>Rose</u>		Middle Name <u>D</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>459 Evers Rd</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN <u>X X</u>	Registration No.	Phone (optional) <u>610 895-5050</u>	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)

Same

City

APR 08 2018

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.☐ Democratic☒ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2/21/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED**SEP 21 2018**

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)**Voter Information**

Last Name Hancock	First Name Trevor	Middle Name R
Home Address (NC Residential Address.) 648 Paul Brisson Rd		Mailing Address (If different than home address.)
City Bladenboro	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification: NC License or ID Number [REDACTED] SSN [REDACTED]		Voter Registration No. (Optional)
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name Daniel Dowless	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input checked="" type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address 684 Paul Brisson Rd	Name of Corporation (If appointed legal guardian)		
City Bladenboro	State NC	Zip Code 28320	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Daniel R Dowless 8-2-2018

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name HANCOCK	First Name TREVOR	Middle Name R	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 648 Paul Brisson Rd		Mailing Address (If different than home address.) [REDACTED]		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: 1/1/		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC [REDACTED] XX - XX - [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE	City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name PAMELA D HANCOCK	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
Requestor's Address 648 Paul Brisson Rd	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	Name of Corporation (If appointed legal guardian)	
City Bladenboro	State NC	Zip Code 28320	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X **Paul D Hancock**

1-26-18

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name <u>Shipman</u>	First Name <u>James</u>	Middle Name <u>Spurgeon</u>	Suffix
Home Address (NC Residential Address.) <u>2842 Cabbage Rd.</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28332</u>	City <u>Bladenboro</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/11</u>		TIME REC'D BY <u>MAR 20 2018</u>	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	
NC License or ID Number <u>XX</u>	SSN <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>	

Ab <u>[REDACTED]</u>		State <u>NC</u>	Zip Code <u>28332</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	
<u>[REDACTED]</u>		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
<u>[REDACTED]</u>		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian)	
City <u>[REDACTED]</u>	State <u>NC</u>	Zip Code <u>28332</u>	Requestor's Phone <u>[REDACTED]</u>
		Requestor's Email <u>[REDACTED]</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

Go to [www.bladenco.org](#) to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>CEKVAUTES</u>		First Name <u>JONATHAN</u>		Middle Name <u>D</u>	
Home Address (NC Residential Address.) <u>1187 STORM RD</u>				Mailing Address (if different than home address.)	
City <u>Bladen Bond</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one Identification number: NC License or ID Number <u>X X</u>			Voter Registration No.		
			Phone (Optional) BLADEN CO. BD. OF ELECTIONS		
			Email (Optional)		

RECEIVED
APR 13 2018

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-13-18 X

Date

Date



202

Exhibit 4.2.3.1.2

1956 of 2658

State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 13 2018

RECD BY
BLADEN CO. BD. OF ELECTIONS

TO: Bladen County Board of Elections
P.O. BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>CEKVANTES</u>		First Name <u>JONATHAN</u>		Middle Name <u>D</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>1187 STORMS RD</u>				Mailing Address (if different than home address.) [REDACTED]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>	Registration No.	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

2-28-17
Date

X
Signature

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Stanley</u>		First Name <u>Allen</u>		Middle Name <u>Wayne</u>	
Home Address (NC Residential Address.) <u>8064 Center Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification NC License or ID Number <u>X</u>				Voter Registration No. Optional	Phone (optional)
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-21-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2011

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Stanley</u>		First Name <u>Allen</u>		Middle Name <u>Wayne</u>	
Home Address (NC Residential Address.) <u>8064 Center Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable)		
You must provide at least one identification <u>[REDACTED]</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-28-18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 12.3.1.2

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

25

CL

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Stanley	Allen	Wayne	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
8064 Center Rd.			
City	State	Zip Code	City
Bladenboro	NC	28332	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: 1/1/		Bladen	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	
NC License or ID Number	SSN	Phone (optional) Email (optional)	
	X X X	MAR 20 2018	

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Ab	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.		
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," what is the name and address of the hospital or facility:		
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:		
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian
City		Name of Corporation (if appointed legal guardian)
State	Zip Code	Requestor's Phone
		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

Go to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

1960 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>MERRITT</u>		First Name <u>JEFFREY</u>		Middle Name <u>T</u>	
Home Address (NC Residential Address.) <u>183 SUGGS TAYLOR RD</u>				Mailing Address (If different than home address.)	
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

7-12-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1961 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>STORMS</u>		First Name <u>SCOTTIE</u>		Middle Name <u>LANE</u>	
Home Address (NC Residential Address.) <u>7242 HWY 211 EAST</u>				Mailing Address (if different than home address.) <u>PO Box 1014</u>	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC license or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1014</u>		City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-15-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 13 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-2018
Election Date

Voter Information

Last Name <u>STORMS</u>	First Name <u>SCOTTIE</u>	Middle Name <u>LANE</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>7242 Hwy 211 EAST</u>		Mailing Address (if different than home address.) <u>PO Box 1014</u>		
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>BLADENBORO</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>	Previous Name (if applicable)	
If "No," indicate the date of your move:				
You must provide at least one identification number (NCL) <input checked="" type="checkbox"/>		Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1014</u>	City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2/15/18
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P201

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Carlton</u>	First Name <u>Alice</u>	Middle Name <u>Faye</u>
Home Address (NC Residential Address.) <u>178 Butters Loop Rd</u>		Mailing Address (If different than home address.)
City	State	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification: NC License or ID Number		Phone (optional)
SSN		Email (optional)
Voter Registration No.		Optional

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepparent
		<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
		<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

EXHIBIT 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 1964 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Carlton</u>		First Name <u>Alice</u>		Middle Name <u>Faye</u>	
Home Address (NC Residential Address.) <u>178 Butters Loop Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number _____ SSN _____			Voter Registration No. _____ Optional		
Phone (optional)			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

68878 X

Date

Date



201

Exhibit 4.2.3.1.2

1965 of 2658

State Absentee Ballot Request Form
North CarolinaTO: Bladen County Board of Elections
PO BOX 532
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Carlton</u>	First Name <u>Alice</u>	Middle Name <u>Faye</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>178 Butters Loop Rd</u>		Mailing Address (if different than home address.) [REDACTED]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: [REDACTED]			
You must provide at least one identification number NC License or ID Number [REDACTED] SSN [REDACTED] X X		Registration No.	Phone (optional) [REDACTED]
			Email (optional) [REDACTED]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

RECEIVED

MAR 26 2018

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

BY
ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

2-11-17

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name FRASIER		First Name ANGELIA		Middle Name DENISE	
Home Address (NC Residential Address.) 125 BIG WILLIE RD				Mailing Address (If different than home address.) 395 COTTAGE RD	
City Kelly	State NC	Zip Code 28448	City Kelly	State NC	Zip Code 28448
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification number NC License or ID Number		SSN		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian		OCT 29 2018		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		TIME		
If "Yes," what is the name and address of the hospital or facility:		BLADEN CO. BD. OF ELECTIONS		
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-23-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Horton</u>		First Name <u>Tina</u>		Middle Name <u>Marie</u>	
Home Address (NC Residential Address.) <u>395 Cabbage Rd.</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>/ /</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/3/18
Date

X

Date



State Absentee Ballot Request Form

RECEIVED

North Carolina

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>McDorue II</u>		First Name <u>Robert</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>615 Brown Creek Church Rd</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City		State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move:			Voter Registration No. Optional		Phone (optional)
You must provide at least one identification NC License or ID Number <u>X</u> SSN			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
OCT 08 2018

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

TIME _____ REC'D BY _____
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS E FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hall</u>		First Name <u>Katelin</u>		Middle Name <u>Lynette</u>	
Home Address (NC Residential Address.) <u>1369 Bowen-Blanks Road</u>				Mailing Address (if different than home address.) <u>(Same)</u>	
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	City <u>(Same)</u>	State <u>NC</u>	Zip Code <u>28456</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable) <u>NA</u>		
You must provide at least one identification number NC License or ID Number <u>XX</u>		SSN <u>[REDACTED]</u>	Voter Registration No. <u>00060</u> <u>0624</u>		Phone (optional) <u></u>
				Email (optional) <u></u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1369 Bowen-Blanks Road</u>		City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u></u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Rhonda Blanks Hall</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>1213 Bowen-Blanks Road</u>		Name of Corporation (if appointed legal guardian) <u></u>		
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	Requestor's Phone <u>910-635</u> <u>4283</u>	Requestor's Email <u></u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

X Rhonda Hall

10-2-2018

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>WARD</u>		First Name <u>NICHOLAS</u>		Middle Name		Suffix	
Home Address (NC Residential Address.) <u>273 Holly Street</u>				Mailing Address (if different than home address.)			
City <u>Tarheel</u>		State <u>NC</u>	Zip Code <u>28392</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>							
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				Registration No.		Phone	
						Email	

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 207</u>				City <u>TARHEEL</u>		State <u>NC</u>	Zip Code <u>28392</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>P.O. Box 207</u>				Name of Corporation (if appointed legal guardian)			
City <u>Tarheel</u>		State <u>NC</u>	Zip Code <u>28392</u>	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)			
Select one of the options below to qualify as a military or overseas voter:			
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.			
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely			
Current Address (Address where you are currently stationed or living overseas.)		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
		Fax Number or Email Address	

Signature of Voter (voter only)	OR	Signature of Near Relative/Legal Guardian (if applicable)
<u>[Signature]</u>		<u>X</u>
Date <u>1/6/18</u>		Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>SYkes</u>		First Name <u>MARKVIN</u>		Middle Name <u>G</u>	
Home Address (NC Residential Address.) <u>114 midway Drive</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number _____ SSN _____			Voter Registration No. _____ Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1409</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-17-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 51072 of 2658
Elizabethtown

PHONE: 910-862-6951

bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
CLERK OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hill</u>	First Name <u>Elizabeth</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>10759 St College APT 2F</u>		Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>XXX - XX - [REDACTED]</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Sig

Signature of Near Relative/Legal Guardian (if applicable)

8-11-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hill</u>	First Name <u>Elizabeth</u>	Middle Name	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>10959 S. College HPTF</u>		Mailing Address (If different than home address.) [REDACTED]	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: [REDACTED]			
You must provide at least one identification number (NCID) [REDACTED] X		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>above</u>	City <u>Bladen</u>	State <u>NC</u>	Zip Code <u>28433</u>
<p>If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.</p> <p><input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan</p>			
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>If "Yes," what is the name and address of the hospital or facility:</p>			
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

<p>Select one of the options below to qualify as a military or overseas voter:</p> <p><input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.</p> <p><input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely</p>	
Current Address (Address where you are currently stationed or living overseas.)	<p>Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email</p> <p>Fax Number or Email Address</p>

Signature of Near Relative/Legal Guardian (if applicable)
3/22/18 X
 Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Rogers</u>		First Name <u>Cornelia</u>		Middle Name <u>S</u>	
Home Address (NC Residential Address.) <u>1213 Cotton St</u>				Mailing Address (If different than home address.) <u>P.O. Box 11606</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification number (NC ID, Driver's License, etc.) [Redacted]			Voter Registration No. (Optional) [Redacted]		Phone (optional) <u>910 872 3374</u>
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [Redacted]		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-18-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Meiggs</u>		First Name <u>Emily</u>		Middle Name <u>Vernelle</u>	
Home Address (NC Residential Address.) <u>2245 3rd Avenue</u>				Mailing Address (If different than home address.) <u>323 S Heritage Loop</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Chapel Hill</u>	State <u>NC</u>	Zip Code <u>27516</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Durham</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: SSN <u>X X</u>			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>323 S Heritage Loop</u>		City <u>Chapel Hill</u>	State <u>NC</u>	Zip Code <u>27516</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email BY BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/5/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 1976 of 2658

Physical Address: 301 S Cypress Street, Elizabethtown NC 28337

Mailing Address: PO Box 512, Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Person</u>		First Name <u>Carlene</u>		Middle Name	
Home Address (NC Residential Address.) <u>416 E-Swanzy St APT A</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown NC</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 10 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/9/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on 5-8
Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>Hannah</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>248 East 4th Street</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			County of Residence <u>[REDACTED]</u>		Previous Name (if applicable) <u>[REDACTED]</u>
If "No," indicate the date of your move: <u>[REDACTED]</u>					
You must provide at least one identification number (NCL#) <u>[REDACTED]</u>		Voter Registration No. (Optional) <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>	Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 554</u>		City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
[REDACTED]

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address
[REDACTED]Signature of Near Relative/Legal Guardian (if applicable)
[REDACTED]

1-10-19
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name <u>Clois Felter</u>	First Name <u>Bridget</u>	Middle Name <u>M</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>123 Twisted Hickory Rd</u>		Mailing Address (If different than home address.)	
City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move:			
You must provide at least one identification number (NCL) <u>[REDACTED]</u> X		Driver Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 254</u>	City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2/26/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 1979 of 2658
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Morphies</u>	First Name <u>Lydia</u>	Middle Name <u>Marie</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>18137 Hwy 131</u>		Mailing Address (If different than home address.) [REDACTED]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number <u>XX</u>	SSN <u>XX</u>		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) [REDACTED]		State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: [REDACTED]			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name <u>[REDACTED]</u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian)	
City <u>[REDACTED]</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone <u>[REDACTED]</u>
		Requestor's Email <u>[REDACTED]</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>[REDACTED]</u>

Signature of Near Relative/Legal Guardian (if applicable)

03/27/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

1980 of 2658

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov 6 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Hatcher</u>	First Name <u>Aline</u>	Middle Name <u>M.</u>
Home Address (NC Residential Address.) <u>18244 Hwy 87 E</u>		Mailing Address (if different than home address.) <u>Same</u>
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>
		Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>18244 Hwy 87 E</u>		City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Alfonza Hatcher</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>18244 Hwy 87 E</u>		Name of Corporation (if appointed legal guardian)		
City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

RECEIVED

OCT 23 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Alfonza Hatcher

Date

Date



State Absentee Ballot Request Form

North Carolina

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Beasley</u>		First Name <u>Thim</u>		Middle Name <u>Leshron</u>	
Home Address (NC Residential Address.) <u>390 Twisted Hickory Rd #23</u>				Mailing Address (If different than home address.) <u>390 Twisted Hickory Rd #23</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification SSN <u>[REDACTED]</u> <input checked="" type="checkbox"/> X			Voter Registration No. (Optional) <u>[REDACTED]</u>		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-28-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

60

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on 5-8-18
Election

Voter Information

Last Name <u>COUNCIL</u>		First Name <u>JAMES</u>		Middle Name <u>ELBERT</u>	
Home Address (NC Residential Address.) <u>162 COUNCIL RICHARDSON DR</u>				Mailing Address (If different than home address.)	
City <u>TAR HEEL</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC License or ID Number, SSN, etc.) <u>[REDACTED]</u> X			Voter Registration No. (Optional)		Phone (optional) / Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

RECEIVED

MAR 13 2018

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME _____ REC'D BY _____ PHONE: 910-862-6951
BLADEN CO. BO. OF ELECTIONS elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Fields</u>		First Name <u>April</u>		Middle Name	
Home Address (NC Residential Address.) <u>12042 HWY 211 Business</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
(Military/Overseas Voters Only)
☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature

Signature of Near Relative/Legal Guardian (if applicable)

1-6-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Guyton</u>		First Name <u>Cynthia</u>		Middle Name <u>D</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>3672 Owen Hill Rd</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]			Voter Registration No. Optional		Phone (optional) Email (optional)	
You must provide at least one identification [REDACTED]						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)
☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-28-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name <u>Guyton</u>	First Name <u>Cynthia</u>	Middle Name <u>Denise</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>3672 Owen Hill Rd</u>		Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/1</u>			
You must provide at least one identification number below. (or see instructions) <u>[REDACTED]</u> X X - X X - <u>[REDACTED]</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>664 GOVERNORS ESTATE DR</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-11-2018 X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on Nov 6
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name SANTOS		First Name VIRGINIA		Middle Name MARIA	
Home Address (NC Residential Address.) 2137 Spring Branch Rd				Mailing Address (If different than home address.) P.O. Box 152	
City TAR Heel	State NC	Zip Code 28392	City TAR Heel	State NC	Zip Code 28392
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number [Redacted]			Voter Registration No. [Redacted]		Phone (optional) [Redacted]
			Email (optional) [Redacted]		

RECEIVED

OCT 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BDL OF ELECTIONS

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: _____					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
(First) (Last)		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature X	Near Relative/Guardian (if applicable) _____ Date
-----------------------	---

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

10/6/2018
Election Date

Voter Information

Last Name SINGLETTY		First Name DINAH		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) 2137 Spring Branch Rd City TAR HEEL State N.C. Zip Code 28392				Mailing Address (if different than home address.) PO Box 152 City TAR HEEL State N.C. Zip Code 28392		
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move:				Voter Registration No.		Phone (optional)
You must provide at least one identification NC License or ID Number				Email (optional)		

Absentee Mailing Address (Where should the ballot be mailed?)		City		Zip Code	
<p>If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.</p> <p><input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian</p> <p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility:</p>					
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p> <p>Requestor's Name (First) (Middle) (Last) (Suffix)</p> <p><input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent</p> <p><input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law</p> <p><input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian</p>					
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

<p>For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)</p> <p>Select one of the options below to qualify as a military or overseas voter:</p> <p><input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.</p> <p><input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely</p>	
Current Address (Address where you are currently stationed or living overseas.)	<p>Transmit my ballot by:</p> <p>(Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email</p> <p>Fax Number or Email Address</p>

<p>Signature of Voter</p> <p>X</p>	<p>Signature of Near Relative/Guardian (if applicable)</p> <p>X</p> <p>Date</p>
------------------------------------	---

visit www.ncsbe.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

1988 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Regans</u>	First Name <u>Demond</u>	Middle Name <u>B</u>
Home Address (NC Residential Address.) <u>1873 Twisted Hickory Rd</u>		Mailing Address (If different than home address.)
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <u>X</u>		Phone (optional)
SSN <u>[REDACTED]</u>		Email (optional)
Voter Registration No. <u>[REDACTED]</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>	City <u>Bladen</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot or <u>Non-partisan</u> <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepparent
		<input type="checkbox"/> legal guardian	<input type="checkbox"/> mother-in-law
			<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-1-18
DateX
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Willis</u>		First Name <u>Antwan</u>		Middle Name <u>D</u>	
Home Address (NC Residential Address.) <u>233 Sandpiper rd</u>				Mailing Address (If different than home address.) <u>P.O. Box 642</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification number (NC Driver's License, NC ID Card, or other government-issued photo ID)			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-14-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

60

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Hunt</u>	First Name <u>Don</u>	Middle Name <u>Oliver</u>			
Home Address (NC Residential Address.) <u>1380 Pages Lake Rd.</u>			Mailing Address (If different than home address.)		
City <u>St. Pauls</u>	State <u>N.C.</u>	Zip Code <u>28384</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NCL#) <u>X</u>			Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6/29/19
Date

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Peterson</u>		First Name <u>Hazel</u>		Middle Name <u>M</u>	
Home Address (NC Residential Address.) <u>615 McLeod St Apt 8D</u>				Mailing Address (if different than home address.)	
City <u>ETOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN	Registration No.		Phone (optional)
<u>X X</u>					<u>910 740 0578</u>
Email (optional)					

Abs		City		State	Zip Code
Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>					
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable) <u>X</u>	
Date <u>6/17/18</u>	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: Bladen County Board of Elections 1992 of 2658

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Peterson</u>		First Name <u>Hazel</u>		Middle Name <u>M</u>	
Home Address (NC Residential Address.) <u>615 Mcloed St Apt 8D</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City		State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC LI <u>[REDACTED]</u> X			Voter Registration No. Optional		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email RECEIVED APR 10 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/9/18 X
Date

Date



State Absentee Ballot Request Form

RECEIVED

North Carolina

AUG 17 2018

 TIME REC'D BY
 BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Griffin</u>		First Name <u>Varonice</u>		Middle Name <u>Ticelee Em</u>	
Home Address (NC Residential Address.) <u>204 Wright St apt D25</u> <u>Elizabethtown</u>				Mailing Address (if different than home address.)	
City	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification <input checked="" type="checkbox"/> <u>[redacted]</u>			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-11-18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 1994 of 2658

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Griffin</u>		First Name <u>Varonice</u>		Middle Name <u>Ticelee</u>	
Home Address (NC Residential Address.) <u>204 Wright St apt 805</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC License, Driver's License, etc.)			Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 10 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely
- Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-9-18

X

Date

1995 of 2658



NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information			
Last Name DEVANE		First Name SUSANNA	
		Middle Name CATHERINE	
Home Address (NC Residential Address.) 2406 CHESTNUT LN.		Mailing Address (If different than home address.) [Redacted]	
City ELIZABETHTOWN	State NC	Zip Code 28337	City [Redacted]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence [Redacted]	State [Redacted]
If "No," indicate the date of your move: [Redacted]		Previous Name (if applicable)	Zip Code [Redacted]
You must provide at least one identification n NC License or ID Number [Redacted]		Registration No. Optional	Phone (optional) Email (optional)
Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) 637 N Main St. Apt. 38		City Lillington	State NC
		Zip Code 27546	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input type="checkbox"/> Democratic		<input type="checkbox"/> Republican	
		<input type="checkbox"/> Libertarian	
		<input type="checkbox"/> Non-partisan	
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: [Redacted]			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name [Redacted]		<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> son-in-law <input type="checkbox"/> brother/sister <input type="checkbox"/> grandchild <input type="checkbox"/> daughter-in-law <input type="checkbox"/> parent <input type="checkbox"/> stepchild <input type="checkbox"/> legal guardian <input type="checkbox"/> grandparent <input type="checkbox"/> mother-in-law <input type="checkbox"/> stepparent <input type="checkbox"/> father-in-law	
Requestor's Address [Redacted]		Name of Corporation (If appointed legal guardian) RECEIVED	
City [Redacted]	State [Redacted]	Zip Code [Redacted]	Requestor's Phone [Redacted]
		Requestor's Email OCT 15 2018	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

Fax Number or Email Address

Sign

Signature of Near Relative/Guardian (if applicable)

10/10/18

X

Date _____

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election*

Voter Information

Last Name <u>Cole</u>		First Name <u>Larry</u>		Middle Name <u>R</u>	
Home Address (NC Residential Address.) <u>6312 US 701 South</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 1997 of 2658

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Fräster</u>		First Name <u>Michael</u>		Middle Name	
Home Address (NC Residential Address.) <u>204 wright st apt 25</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[redacted]</u> SSN <u>[redacted]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	APR 10 2018
			TIME REC'D BY		
BLADEN CO. BD. OF ELECTIONS					

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/9/18
Date

X

Date

TO: BLADEN COUNTY BOARD OF ELECTIONS



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Ele

Voter Information

Last Name <u>Robinson</u>		First Name <u>Carolina</u>		Middle Name <u>Blue</u>	
Home Address (NC Residential Address.) <u>549 NC HWY 410 Apt 9A</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification: NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-30-B X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name Robeson	First Name Carolema	Middle Name	Suffix
Home Address (NC Residential Address.) 549 NC Hwy 410 Apt 95		Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (If applicable)
If "No," indicate the date of your move: 1/1			
You must provide at least one identification number NC License or ID Number X X		Registration No.	Phone (optional)
			Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?) Sam		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-23-18**X**

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Johnson</u>		First Name <u>ISAIAH</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>4832 Lisbon Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below (or see instructions). NC License or ID Number SSN <u>XX [REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		Phone (optional) <u>910-645-6107</u>
			Email (optional)		

Abs [REDACTED]				City		State		Zip Code	
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan									
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No									
If "Yes," what is the name and address of the hospital or facility:									
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:									
Requestor's Name (first) (middle) (last) (suffix)				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address				Name of Corporation (if appointed legal guardian)					
City		State		Zip Code		Requestor's Phone		Requestor's Email	

RECEIVED
OCT 10 2018

TIME REC'D BY
BLADEN CO. BOARD OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10-9-18X

Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>JOHNSON</u>		First Name <u>ISAIAH</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>4832 LISBON RD</u>			Mailing Address (if different than home address.) <u>4832 LISBON RD</u>		
City <u>CLARKTON</u>	State <u>N.C.</u>	Zip Code <u>28433</u>	City <u>CLARKTON</u>	State <u>N.C.</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u>		SSN <u>[REDACTED]</u>	Registration No. <u>[REDACTED]</u>	Phone (optional) <u>879-2006</u>	Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>4832 LISBON RD</u>		City <u>CLARKTON</u>	State <u>N.C.</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☒ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-20-18

X

4-20-2018

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>BROWN</u>		First Name <u>MARIE</u>		Middle Name <u>J</u>	
Home Address (NC Residential Address.) <u>4832 Lisbon Rd</u>				Mailing Address (if different than home address.)	
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN <u>X X X</u>	Registration No.	Phone (optional) <u>645-6107</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 10 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10-9-18X

Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>BROWN</u>		First Name <u>MARIE</u>		Middle Name <u>J</u>	
Home Address (NC Residential Address.) <u>4832 Lisbon Rd</u>				Mailing Address (If different than home address.)	
City <u>Charlotte</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XXXX</u>			Registration No.	Phone (optional) <u>645-6107</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 20 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/20/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smith</u>	First Name <u>Davonka</u>	Middle Name <u>R</u>		
Home Address (NC Residential Address.) <u>9690 Lisbon rd</u>		Mailing Address (If different than home address.)		
City <u>Clarkston</u>	State <u>NC</u>	Zip Code <u>29437</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number: NC License or SSN <u>X X X</u>		Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State Zip Code	Requestor's Phone	Requestor's Email	

RECEIVED
OCT 05 2018
TIME
REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/22/18 X
Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 2018 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Autry</u>	First Name <u>Joshua</u>	Middle Name <u>Ryan</u>
Home Address (NC Residential Address.) <u>303 Pecan St #3C</u>		Mailing Address (If different than home address)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move: <u>1-1-1</u>		Previous Name (if applicable)
You must provide at least one identifier NC License or ID Number		Voter Registration No. Optional
		Phone (optional)
		Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Antry</u>		First Name <u>Joshua</u>		Middle Name <u>Ryan</u>	
Home Address (NC Residential Address.) <u>303 pecan street</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC ID, Driver's License, etc.)			<div style="text-align: center;"> RECEIVED APR 13 2018 </div>		

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> son-in-law	<input type="checkbox"/> brother/sister <input type="checkbox"/> grandchild <input type="checkbox"/> daughter-in-law	<input type="checkbox"/> parent <input type="checkbox"/> stepchild <input type="checkbox"/> legal guardian	<input type="checkbox"/> grandparent <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/9/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

p202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Bryan</u>		First Name <u>Johnny</u>		Middle Name <u>Dean</u>	
Home Address (NC Residential Address.) <u>1416 Sassafras Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. <small>Optional</small>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> son-in-law	<input type="checkbox"/> parent <input type="checkbox"/> grandchild <input type="checkbox"/> daughter-in-law	<input type="checkbox"/> grandparent <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law	<input type="checkbox"/> stepparent <input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only)	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

RECEIVED



State Absentee Ballot Request Form

North Carolina

BLADEN COUNTY BOARD OF ELECTIONS

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>BRYAN</u>		First Name <u>Johnny</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address) <u>303 Pecan St. Apt. 60D</u>				Mailing Address (If different than home address.)		
City <u>BLADENBURG</u>		State <u>N.C.</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		
If "No," indicate the date of your move:				Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, ID Card, or Social Security Number)				Voter Registration No. (Optional)		
				Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sig

Signature of Near Relative/Legal Guardian (if applicable)

2.8.18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 2009 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name Burrington	First Name Laura	Middle Name Anne
Home Address (NC Residential Address.) 77 W Elm St		Mailing Address (If different than home address.)
City Elizabethtown	State NC	Zip Code 28337
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number		Phone (optional)
SSN		Email (optional)
Optional		Optional

RECEIVED
OCT 15 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City BLADEN CO. BD. OF ELECTIONS	State NC	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED**AUG 17 2018**

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6 2018

Election Type (Primary, General, Municipal, Special, etc.)

Elect

Voter Information

Last Name <u>Hall</u>		First Name <u>Priscilla</u>		Middle Name <u>Nicole</u>	
Home Address (NC Residential Address.) <u>372 Browns Creek Church rd</u>				Mailing Address (If different than home address.) <u>Same</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification <u>[Redacted]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-18-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>McDowell</u>		First Name <u>Brandon</u>		Middle Name <u>D</u>	
Home Address (NC Residential Address.) <u>615 Brown Creek Church Rd</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City		State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move:			Voter Registration No. Optional		Phone (optional) Email (optional)
You must provide at least one identification SN <input checked="" type="checkbox"/>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

7-18-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

Bladen County Board of Elections

P. O. BOX 512

Elizabethtown, NC 28337 2012 of 2658

PHONE: 910-862-6951 FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
McCelland	Annie	L	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
5609 Mercermill Rd			
City	State	Zip Code	City
Clarkton	NC	28433	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: 1/1		Bladen	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number			Email (optional)
SSN			
X X X - X X			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		Relationship	
		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email
			TIME REC'D BY
			BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by:
	(Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>McClelland</u>		First Name <u>Annie</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>5609 Merson Mill Rd</u>				Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move:			Voter Registration No. Optional		Phone (optional)
You must provide at least one identification number (NC Driver's License, State ID, etc.)			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
APR 30 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Demery</u>	First Name <u>Gloria</u>	Middle Name <u>E</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>10759 st college APT 1F</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>[REDACTED]</u>		County of Residence <u>Clarkton</u>	Previous Name (if applicable) <u>[REDACTED]</u>
You must provide at least one identification number (NC ID, Driver's License, etc.) <u>[REDACTED]</u>		Voter Registration No. (Optional) <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>above</u>	City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
<p>If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot type reference: REC'D BY <u>BLADEN CO. BD. OF ELECTIONS</u></p> <p><input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p>			
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u></p>			
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

<p>Select one of the options below to qualify as a military or overseas voter:</p> <p><input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.</p> <p><input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely</p>	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	<p>Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email</p> <p>Fax Number or Email Address <u>[REDACTED]</u></p>

Signature of Near Relative/Legal Guardian (if applicable)

3/19/18
Date

X
Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Pridgen</u>		First Name <u>Satin</u>		Middle Name <u>Danisha</u>	
Home Address (NC Residential Address.) <u>5525 Mercer mill Rd</u>				Mailing Address (If different than home address.) <u>5525 Mercer mill Rd</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XX</u> SSN <u>[REDACTED]</u>			Registration No. <u>[REDACTED]</u>		
			Phone (optional)		Email (optional)

Abs

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If applicable)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
APR 30 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/29/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Roy</u>		First Name <u>Stephen</u>		Middle Name <u>James</u>	
Home Address (NC Residential Address.) <u>312 Anne St</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-3-18 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 2017 of 2658

Physical Address

301 S Cypress St

Elizabethtown NC

28337

Mailing Address

PO Box 512

Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Merritt	First Name Tanya	Middle Name Lee
Home Address (NC Residential Address.) 9980 NC Hwy 131		Mailing Address (If different than home address.)
City Bladenboro	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move: ____/____/____		Previous Name (if applicable)
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Voter Registration No. Optional
		Phone (optional)
		Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City Bladen Co. Bd. of Elections	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name Natalie Tittle		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address 9980 NC Hwy 131		Name of Corporation (if appointed legal guardian)		
City Bladenboro	State NC	Zip Code 28320	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)				
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely				
Current Address (Address where you are currently stationed or living overseas.)		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email		
		Fax Number or Email Address		

Signature of Near Relative/Legal Guardian (if applicable)

X Natalie Tittle

8-26-18

Date

Date



State Absentee Ballot RECEIVED

North Carolina

MAR 19 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMAEX
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name <u>Merritt</u>	First Name <u>Tanya</u>	Middle Name <u>Lee</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>9980 US Hwy 131</u>		Mailing Address (If different than home address.) [REDACTED]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: [REDACTED]			
You must provide at least one identification number from the following: [REDACTED] X [REDACTED]		Voter Registration No. (Optional)	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: [REDACTED]			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-14-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

2019 of 2658

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Leach</u>		First Name <u>JAMES</u>		Middle Name <u>ANNE</u>		State <u>NC</u>	
Home Address (NC Residential Address.) <u>20 EARL Hill Rd.</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>			
City <u>CLARKTON</u>		State <u>NC</u>	Zip Code <u>28433</u>	City <u>[REDACTED]</u>		State <u>NC</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/18</u>							
You must provide at least one identification number below. (or see instructions) NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>				Voter Registration No.		Phone (optional)	
						Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>303 Pecan Street Apt. 8B</u>			City <u>Blacksburg</u>		State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
			<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
			<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email	
					REC'D BY BLADEN CO. BD. OF ELECTIONS	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

April 7, 2018 Signature of Near Relative/Legal Guardian (if applicable)
X
Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

May 8, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Butler</u>	First Name <u>Brandon</u>	Middle Name <u>Tyler</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>315 Midway Dr</u>		Mailing Address (If different than home address.) <u>Same</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28326</u>	City <u>Bladenboro</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable) RECEIVED
If "No," indicate the date of your move: <u>1/1</u>		Voter Registration No.	Phone
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X [REDACTED]</u>		MAR 20 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>315 Midway Dr.</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28326</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Voter (or near relative/guardian)

X

OR

Signature of Near Relative/Legal Guardian (if applicable)

X

03/08/2018

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

TIME _____ REC'D BY _____
 BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Lloyd</u>		First Name <u>Tyra</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>8444 NC Hwy 53 W</u>				Mailing Address (If different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>White Oak</u>	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NCL) <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

8/26/18
 Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Lewis</u>		First Name <u>Myra</u>		Middle Name [REDACTED]	
Home Address (NC Residential Address.) <u>104 Fletcher Johnson Rd</u>				Mailing Address (If different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move: [REDACTED]			Voter Registration No. [REDACTED]		Phone (optional)
You must provide at least one identification number (NC LI [REDACTED])			Optional		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-22-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Seward</u>	First Name <u>William</u>	Middle Name <u>Jordan</u>	Suffix <u>Mr.</u>	
Home Address (NC Residential Address.) <u>1123 NC Hwy 20 E</u>		Mailing Address (If different than home address.) <u>P.O. Box 233</u>		
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City <u>Tar Heel</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number NC <u>[REDACTED]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 233</u>		City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)


Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6/22/18
Date

X

Date

	<h2 style="margin: 0;">State Absentee Ballot Request Form</h2> <p style="margin: 0;">North Carolina</p>	NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov
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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: Statewide General Election on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information					
Last Name Ayers	First Name Charles	Middle Name Edward			
Home Address (NC Residential Address.) 680 Dennis Harold Simmons Rd			Mailing Address (If different than home address.)		
City Fayetteville	State NC	Zip Code 28312	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: / /			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number		SSN <input checked="" type="checkbox"/>	Voter Registration No. Optional	Phone (optional)	Email (optional)

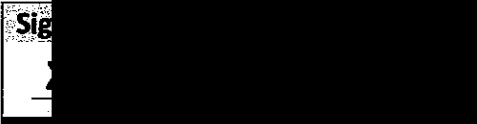
Absentee Voting Information					
Absentee Mailing Address (Where should the ballot be mailed?) 680 Dennis Harold Simmons Rd			City Fayetteville	State NC	Zip Code 28312
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

RECEIVED

SEP 24 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter 	Signature of Near Relative/Guardian (if applicable) X Date: <u>9/21/18</u>
--	--



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Judson</u>		First Name <u>Jonathan</u>		Middle Name <u>Tyler</u>	
Home Address (NC Residential Address.) <u>314 Lennon Drive</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>314 Lennon Drive</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

TIME REC'D BY

BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-7-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Ele

Voter Information

Last Name <u>Baxley</u>		First Name <u>Michael</u>		Middle Name <u>James</u>	
Home Address (NC Residential Address.) <u>1172 Grimsley Farm Rd</u>				Mailing Address (if different than home address.) <u>P.O. Box 741</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			Voter Registration No. Optional		Phone (optional) <u>322-4090</u>
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 741</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

REC'D BY
BD. OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

10-1-17 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 2027 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Evans</u>		First Name <u>Joshua</u>		Middle Name <u>Brian</u>	
Home Address (NC Residential Address.) <u>40 Fredrick Britt Rd</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/1</u>				Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number		SSN <u>X</u>	Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

9/8/18
DateX
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

501

TIME _____ RECD BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Cook</u>		First Name <u>Tracy</u>		Middle Name <u>Lafern</u>	
Home Address (NC Residential Address.) <u>301 Horne St</u>				Mailing Address (If different than home address.) <u>Same</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification SSN <u>[REDACTED]</u> <input checked="" type="checkbox"/> <u>[REDACTED]</u>			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepchild
				<input type="checkbox"/> mother-in-law
				<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

7-30-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 2018 of 2658 201

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McCoy</u>		First Name <u>Wesley</u>		Middle Name <u>Scott</u>	
Home Address (NC Residential Address.) <u>600 Hogwallow Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number <u>XX</u>		SSN <u>[REDACTED]</u>		Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

TIME REC'D BY
OCT 04 2018
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-8-18

X

Date

Date



State Absentee Ballot Request Form
North Carolina

RECEIVED

SEP 21 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bass</u>		First Name <u>Cheryl</u>		Middle Name <u>Ann</u>	
Home Address (NC Residential Address.) <u>135 Covenant CV.</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1</u>				Previous Name (if applicable)	
You must provide at least one identification number NC License or ID Number <u>X X</u>		SSN <u>[REDACTED]</u>		Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)
[Signature] 8-9-18 X
Date Date



State Absentee Request Form

North Carolina

SEP 21 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>FORES</u>		First Name <u>KASSIE</u>		Middle Name <u>M</u>	
Home Address (NC Residential Address.) <u>8745 Center Road</u>				Mailing Address (if different than home address.)	
City <u>Bladen Boro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification [Redacted] <input checked="" type="checkbox"/> [Redacted] <input type="checkbox"/>			Voter Registration No. [Redacted]		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepchild
				<input type="checkbox"/> mother-in-law
				<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-11-18
Date

X

Date

202



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

RECEIVED
MAR 13 2018

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME _____ REC'D BY _____ PHONE: 910-862-6951
BLADEN CO. BD. OF ELECTIONS

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5/8/18
Election Date

Voter Information

Last Name <u>Oxendine</u>		First Name <u>Della</u>		Middle Name <u>E</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>419 Elizabethtown Rd # 7</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) [REDACTED] SSN <u>XXX - XX</u> [REDACTED]			Voter Registration No. [REDACTED]		Phone (optional) <u>(910) 633-1752</u>
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/13/17
Date

X
Date

202



State Absentee Ballot Request Form

North Carolina

RECEIVED

JAN 13 2013

Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@biadenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Yarbrough</u>		First Name <u>Chassidy</u>		Middle Name <u>Hope</u>	
Home Address (NC Residential Address.) <u>41 Frederick Britt Rd</u>				Mailing Address (If different than home address.) <u>Same</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Voter Registration No.		Phone <u>910-549-7514</u>	Email <u>NA</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sign <u>X</u> <u>9-4-17</u> Date	OR Signature of Near Relative/Legal Guardian (if applicable) <u>X</u> Date
--	--



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 13 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5/8/18
Election Date

Voter Information

Last Name <u>Herring</u>	First Name <u>Lee</u>	Middle Name <u>Ann</u>	Suffix <u>Mrs</u>
Home Address (NC Residential Address.) <u>901 Ball Park Road</u>		Mailing Address (If different than home address.) <u>P.O. Box 792</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28326</u>	City <u>Bladenboro</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable) <u>Brown</u>
If "No," indicate the date of your move:		County Registration No. <u>[Redacted]</u>	Phone (optional) <u>[Redacted]</u>
You must provide at least one identification number <u>[Redacted]</u>		Email (optional) <u>[Redacted]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 792</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28326</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1-11-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASSY FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Manuel		First Name Divine		Middle Name Rose	Suffix [REDACTED]
Home Address (NC Residential Address.) 10898 S. College St. Apt 40				Mailing Address (If different than home address.) [REDACTED]	
City Clarkton	State NC	Zip Code 28433	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number [REDACTED]			Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Legal Guardian (if applicable)

8/28/18 X

Date

Date



State Absentee Request Form

North Carolina

RECEIVED
SEP 21 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202
MD

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Edwards</u>		First Name <u>MARY</u>		Middle Name <u>E</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>204 midway Dr LOT 4</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [REDACTED] SSN [REDACTED]			Voter Registration No. [REDACTED]		
[REDACTED]			Phone (optional)		
[REDACTED]			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
 201 S Cypress St
 Elizabethtown NC
 28337

Mailing Address
 PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7802

MAR 13 2018

TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Edwards</u>		First Name <u>Mary</u>		Middle Name <u>E</u>	
Home Address (NC Residential Address.) <u>208 Midway Dr Lot 11</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>X</u>			Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

2/15/18 X
 Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 19 2018

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Edwards</u>	First Name <u>Wilton</u>	Middle Name	Suffix <u>Jr.</u>
Home Address (NC Residential Address.) <u>303 Ocean St Apt. 9E</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			
Voter Registration No. <u> </u>		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-17-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Elec

Voter Information

Last Name <u>Johnson</u>	First Name <u>Rodger</u>	Middle Name <u>Lebell</u>
Home Address (NC Residential Address.) <u>7364 Old Fayetteville Rd</u>		Mailing Address (If different than home address.)
City <u>Garland</u>	State <u>NC</u>	Zip Code <u>28441</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number _____ SSN _____		Voter Registration No. _____ Optional
		Phone (optional) _____ Email (optional) _____

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/27/18 X
 Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

2040 of 2658

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Fields</u>		First Name <u>ANNIE</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>17253 Hwy 131 South</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>[REDACTED]</u>	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>				RECEIVED APR 09 2018 TIME <u> </u> REC'D BY <u> </u> BLADEN CO. BD. OF ELECTIONS	
You must provide at least one identification number below (or see instructions) NC License or ID Number <u>X X X</u>		SSN <u>[REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u>	
				Phone (optional) <u>[REDACTED]</u>	
				Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>12042 Hwy 211</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Near Relative/Legal Guardian (if applicable)

4/4/18
DateX Annie Fields
Date

to check your voter registration or absentee voting status.

V2013.11



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Elect

Voter Information

Last Name <u>Fields</u>		First Name <u>Annie</u>		Middle Name <u>Ruth</u>	
Home Address (NC Residential Address.) <u>17253 HWY 131 South</u>				Mailing Address (If different than home address.) <u>P.O. Box 1211</u>	
City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[redacted]</u> SSN <u>[redacted]</u>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1211</u>		City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

RECEIVED
MAR 26 2018

BY
ELECTIONS

1/2/18
Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

2042 of 2658

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: **GENERAL ELECTION** on **NOVEMBER 6, 2018**
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name Davis		First Name Rodriguez		Middle Name Deondray	
Home Address (NC Residential Address.) 713 Thompson Ave				Mailing Address (If different than home address.) P.O. Box 432	
City Elizabethtown	State N.C.	Zip Code 28337	City Elizabethtown	State N.C.	Zip Code 28337
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number X X X		SSN [REDACTED]	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 05 2018
REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature [REDACTED] (only)	Signature of Near Relative/Legal Guardian (if applicable)
X	X
Date 8/27/18	Date



State Absentee Ballot Request Form

North Carolina

EXHIBIT 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

2043 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P 35

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Bryan</u>		First Name <u>William</u>		Middle Name	
Home Address (NC Residential Address.) <u>300 Briar Creek Dr</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

9-8-18 X
Date

Date

202



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Carroll	Christopher	C	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
303 Pecan St. Apt. 5C			
City	State	Zip Code	City
Bladenboro	NC	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move:			
You must provide at least one identification number (NC Driver's License, NC ID Card, or Social Security Number)		Voter Registration No. (Optional)	Phone (optional) Email (optional)
[Redacted]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
PO Box 1251		Bladenboro	NC	28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently located or living overseas.)

[Redacted]

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

RECEIVED
MAY 26 2018
[Redacted]
CLERK OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

3-19-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Butler</u>		First Name <u>Janet</u>		Middle Name <u>Marie</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>1857 Hwy 410</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>[REDACTED]</u>				Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u>				Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-7-18 X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Wright</u>		First Name <u>Tommy</u>		Middle Name <u>Dwayne</u>	
Home Address (NC Residential Address.) <u>64 Baxley-Wright Lane Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number (SSN)			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. BOX 601</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 15 2018

TIME REC'D BY
 BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-10-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name <u>Wright</u>	First Name <u>Tommy</u>	Middle Name <u>Dwayne</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>64 Baxley Wright Lane</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/18</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC ID <u>XX-XX-XX</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 601</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas)

Transmit my ballot by:
(Military/Overseas Voters Only)
☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

REC'D BY
CLERK OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

1-12-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name <u>Packer</u>		First Name <u>Barbara</u>		Middle Name <u>J</u>	
Home Address (NC Residential Address.) <u>299 Oak Grove Church Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move:			Voter Registration No. Optional		Phone (optional)
You must provide at least one identification NC License or ID Number [REDACTED]			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Brittany Packer</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>299 Oak Grove Church Rd</u>		Name of Corporation (If appointed legal guardian)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Brittany Packer

08-5-18

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary 582018 on 5/8/2018
Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Packer</u>		First Name <u>Barbara</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>299 Oak Grove Church Rd</u>				Mailing Address (If different than home address.) <u>Same</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladen</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number NC License or ID Number <u>[REDACTED]</u>		SSN <u>[REDACTED]</u>	Voter Registration No. Optional <u>[REDACTED]</u>		Phone (optional) <u>610-633-6932</u>
					Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>Bladen</u>	State <u>NC</u>	Zip Code <u>28320</u>
<p>If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. REC'D BY <u>TIME</u> <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan BLADEN CO. BD. OF ELECTIONS</p>				
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<p>If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u></p>				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable) <u>2/23/18</u> X Date	Date
---	------



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary 5/8/2018 on 5/8/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Packer</u>		First Name <u>Norman</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>299 Oak Grove Church Rd</u>				Mailing Address (if different than home address.) <u>same</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>[REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		
SSN <u>[REDACTED]</u>			Phone (optional) <u>(910) 633-5971</u>		
Email (optional)					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same</u>		RECEIVED MAR 20 2018		State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
City		State	Zip Code	Name of Corporation (if appointed legal guardian)	
Requestor's Phone		Requestor's Email			

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

[REDACTED] 2/23/18 X
Date Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 2051 of 2658

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Cromartie</u>		First Name <u>Andre</u>		Middle Name <u>E</u>	
Home Address (NC Residential Address.) <u>2934 Meron Mill Rd</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NCL, Driver's License, etc.)			Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
APR 30 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)


☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-30-18 X
Date

Date

	<h2 style="margin: 0;">State Absentee Ballot Request Form</h2> <p style="margin: 0;">North Carolina</p>	<p>NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255</p> <p>PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov</p>
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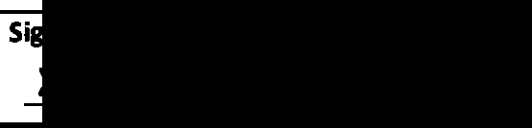
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information					
Last Name Milczakowski		First Name Hayley		Middle Name Christine	
Home Address (NC Residential Address.) 3697 Owen Hill Road			Mailing Address (If different than home address.)		
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: / /			Previous Name (if applicable)		
You must provide at least one identification		Voter Registration No.		Phone (optional) (910) 876-4943	Email (optional) hmilczak@eagles.nccu.edu

Absentee Voting Information					
Absentee Mailing Address (Where should the ballot be mailed?) 922 Dacian Ave, Apt. 315			City Durham	State NC	Zip Code 27701
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.					
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable) 	Date <u>10/16/18</u> X
--	---------------------------

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

AUG 22 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Fisher</u>	First Name <u>Walton</u>	Middle Name <u>Drew</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>265 Morgonwood Est. Dr</u>		Mailing Address (If different than home address.) <u>N/A</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number (NC ID, Driver's License, etc.)		Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>428 Rose Avenue</u>		City <u>Wilmington</u>	State <u>NC</u>	Zip Code <u>28403</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Toni B. Fisher</u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address <u>265 Morgonwood Dr.</u>	Name of Corporation (if appointed legal guardian)			
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910 645 6568</u>	Requestor's Email <u>—</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Toni B. Fisher08/10/2018
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Graham</u>		First Name <u>LaQuanda</u>		Middle Name <u>Chizre</u>	
Home Address (NC Residential Address.) <u>738 Dickson Rd</u>				Mailing Address (If different than home address.)	
City <u>Rockwell</u>	State <u>NC</u>	Zip Code <u>28456</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move:			Registration No. Optional		Phone (optional) <u>(910) 655-9878</u>
You must provide at least one identification number NC License or ID Number [Redacted]			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone <u>910.228.3970</u>	Requestor's Email

RECEIVED
OCT 15 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18 Election

Voter Information

Last Name <u>EDDINGS</u>		First Name <u>ROSCOE</u>		Middle Name	
Home Address (NC Residential Address.) <u>478 Maysville Ln</u>				Mailing Address (If different than home address.)	
City <u>TARHEEL</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>/ /</u>			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <u>X</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 242</u>		City <u>TARHEEL</u>	State <u>NC</u>	Zip Code <u>28392</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

4/11/18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name <u>Hester</u>	First Name <u>Jill</u>	Middle Name <u>L</u>	[REDACTED]		
Home Address (NC Residential Address.) <u>317 LB Lennon Rd.</u>			Mailing Address (if different than home address.) <u>SAME</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable) RECEIVED	
If "No," indicate the date of your move:			Registration No.	Phone	Email <u>MAR 27 2013</u>
You must provide at least one identification number NC License or ID Number [REDACTED] <u>XX</u>			TIME REC'D BY BLADEN CO. BD. OF ELECTIONS		

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address	Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

OR Signature of Near Relative/Legal Guardian (if applicable)

3-8-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

p201

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Lennon</u>		First Name <u>James</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>317 LB Lennon Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u>		SSN <u>[REDACTED]</u>	Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>	Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
<p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p>				
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<p>If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u></p>				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (If appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

<p>Select one of the options below to qualify as a military or overseas voter:</p> <p><input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.</p> <p><input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely</p>	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	<p>Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email</p> <p>Fax Number or Email Address <u>[REDACTED]</u></p>

Signature of Near Relative/Legal Guardian (if applicable)

9-1-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>McLeod</u>		First Name <u>Netteriti</u>		Middle Name <u>S.</u>	
Home Address (NC Residential Address.) <u>377 Franklin Mevin Rd</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512 2059 of 2658
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jacobs</u>		First Name <u>Christina</u>		Middle Name <u>Young</u>	Suffix
Home Address (NC Residential Address.) <u>50 Deenwood Drive</u>				Mailing Address (if different than home address.) <u>"same"</u>	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X</u>			Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Christina Young Jacobs "same"</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information, and relationship to the voter: Requestor's Name <u>Christina Young Jacobs</u> (First) (Middle) (Last) (Suffix) Requestor's Address <u>50 Deenwood Drive</u> City <u>Council</u> State <u>NC</u> Zip Code <u>28434</u> Requestor's Phone <u>910-872-1759</u> Requestor's Email <u>christina-jacobs 30 a ypho son</u>				
<input type="checkbox"/> spouse <input checked="" type="checkbox"/> mother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Name of Corporation (if appointed legal guardian)				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

S	Signature of Relative/Near Guardian (if applicable) <u>X</u>
<u>10/19/18</u>	Date



NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on Nov 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Villarreal</u>		First Name <u>Barbara</u>		Middle Name <u>Jean</u>	
Home Address (NC Residential Address.) <u>204 Byrd Lane</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
Identification SSN <u>X</u>		Voter Registration No.		Phone (optional) <u>(910) 247-6223</u>	Email (optional) <u>barbara.jean.villarreal@gmail.com</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>204 Byrd Lane</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

AUG 02 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

11/31/2018 X

Date

Date

TO: BLADEN COUNTY BOARD OF ELECTIONS



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

TIME _____ REC'D BY _____
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Varbaugh</u>		First Name <u>Heri</u>		Middle Name <u>J</u>	
Home Address (NC Residential Address.) <u>15546 NC Hwy 131</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <u>X</u>			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 593</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-1-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6
Election Type (Primary, General, Municipal, Special, etc.) *Election*

Voter Information

Last Name Norris		First Name Sawyer		Middle Name D	
Home Address (NC Residential Address.) 517 Ruskin Rd.				Mailing Address (if different than home address.)	
City Elizabethtown		State NC	Zip Code 28337	City	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification number: NC License or ID Number: [Redacted] SSN: [Redacted]				Driver Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <i>Same</i>		City <i>OCT 15 2013</i>		State		Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Unaffiliated REC'D BY _____ <input type="checkbox"/> Non-partisan BLADEN CO. BD. OF ELECTIONS							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name _____ <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian							
Requestor's Address _____				Name of Corporation (If appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely _____

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

 Mail☐ Fax

 Email

Fax Number or Email Address _____

Signature of Near Relative/Legal Guardian (if applicable)

8-7-18 X

Date _____

Date _____



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Ripley</u>		First Name <u>Matthew</u>		Middle Name <u>T</u>	S [REDACTED]	
Home Address (NC Residential Address.) <u>135 White Plains Church Rd</u>				Mailing Address (if different than home address.)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1/</u>						
You must provide at least one identification number NC License or ID Number		SSN <u>X X X</u>	Registration No.	Phone (optional) <u>910 207-1641</u>	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 15 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10/14/18 X
Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 2064 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name	First Name	Middle Name
McKiver	Philip	B
Home Address (NC Residential Address.)		
909 Montfrie Lane		
City	State	Zip Code
Elizabethtown	NC	28337
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If "No," indicate the date of your move:		
You must provide at least one identification number: NC License or ID Number		
County of Residence		
Bladen		
Previous Name (if applicable)		
Voter Registration No. Optional		
Phone (optional)		
Email (optional)		

Absentee voting information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 2065 OF 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Mitchell		First Name Elizabeth		Middle Name Ann	
Home Address (NC Residential Address.) 201 Butler Mill Rd				Mailing Address (If different than home address.)	
City Bladenboro		State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen	
If "No," indicate the date of your move: 1/1/				Previous Name (if applicable)	
You must provide at least one identification NC License or ID Number		SSN		Voter Registration No. Optional	Phone (optional)
[Redacted]		[Redacted]		Email (optional)	
RECEIVED OCT 04 2018					

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 1282		City Bladenboro	TIME BLADEN CO. BD. OF ELECTIONS	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/29/18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

Sheila

2066 of 2658

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Mitchell	Elizabeth	Ann	
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)	
201 Butler mill Rd		PO Box 1282	
City	State	Zip Code	City
Bladenboro	NC	28320	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: ____/____/____		Bladenb	
You must provide at least one identification number below. (or see instructions)		Previous Name (if applicable)	
NC License or ID Number		RECEIVED	
SSN		Voter Registration No.	
X X		Phone (optional)	
		Email (optional)	
		APR 23 2018	
		TIME REC'D BY	
		BLADEN CO. BD. OF ELECTIONS	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
PO Box 1282		Bladenboro	NC	28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/16/18

X

Date

Date

E.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P. 35

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Norman</u>	First Name <u>Joshua</u>	Middle Name	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>68 Sholar rd</u>		Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: [REDACTED]			
You must provide at least one identification: NC license or ID Number [REDACTED]		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
<p>If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference BY: <u>BLADEN CO. BOARD OF ELECTIONS</u></p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan</p>			
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility:</p>			
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Ward</u>		First Name <u>Andrea</u>		Middle Name <u>Lauren</u>	
Home Address (NC Residential Address.) <u>2824 Twisted Hickory Rd</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NCL) <input checked="" type="checkbox"/>			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2824 Twisted Hickory Rd</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Jerry Kent Ward Jr.</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>2824 Twisted Hickory Rd</u>		Name of Corporation (if appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

6-24-18



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Anderson	First Name Tracey	Middle Name Leigh	Suffix [REDACTED]
Home Address (NC Residential Address.) 973 Hickory grove ballpark Road		Mailing Address (If different than home address.) [REDACTED]	
City Bladenboro	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____		Voter Registration No.	Phone (optional)
[REDACTED] ion number below. (or see instructions) SSN X X X - X X - [REDACTED]		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same As Above	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name Paige White	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Requestor's Address 973 Hickory grove ballpark Rd	<input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
City Bladenboro	State NC	Zip Code 28320	Name of Corporation (if appointed legal guardian)
Requestor's Phone 910-885-5484	Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Paige White

8-19-17



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on May 8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Brown</u>		First Name <u>Ethan</u>		Middle Name	
Home Address (NC Residential Address.) <u>70 Shell Drive</u>				Mailing Address (If different than home address.)	
City <u>Elizabeth</u>	State <u>NC</u>	Zip Code <u>28337</u>	<div style="text-align: center;"> RECEIVED APR 11 2018 </div>		
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable) TIME REC'D BY BLADEN CO. BD. OF ELECTIONS		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
NC License or ID Number SSN <u>X</u>			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		State		Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.					
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable)

4/10/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKenith</u>		First Name <u>Morgan</u>		Middle Name <u>Deatrice</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>711 Martin St</u>				Mailing Address (If different than home address.) [REDACTED]		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]			Voter Registration No. [REDACTED]		Phone (optional)	Email (optional)
You must provide at least one identification number (NC Driver's License, NC Identification Card, or U.S. Military ID Card). [REDACTED]						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>McCollum</u>		First Name <u>Morgan</u>		Middle Name <u>Kristen</u>	
Home Address (NC Residential Address.) <u>210 Bethel St.</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State	Zip Code	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>210 Bethel St.</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 04 2018
 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/21/18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Williams</u>	First Name <u>JASON</u>	Middle Name <u>Brent</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>1320 Murray hwy wood</u>		Mailing Address (If different than home address.) <u>1320 Murray hwy wood DR</u>	
City <u>EVERGREEN</u>	State <u>NC</u>	Zip Code <u>28438</u>	City <u>Bladenboro</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable) <u>RECEIVED</u>
If "No," indicate the date of your move: <u>1/1/</u>		Voter Registration No. Optional <u>XX - XX</u>	Phone (optional) <u>APR 12 2018</u>
You must provide at least one identification number below. (or see instructions) <u>NC</u>		Email (optional) <u></u>	

TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)


Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-10-18 X

Date

Date

	<h2 style="margin: 0;">State Absentee Ballot Request Form</h2> <p style="margin: 0;">North Carolina</p>	<p>NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255</p> <p>PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov</p>
---	---	--

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on _____ Election Date _____
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information							
Last Name <u>Bethune</u>		First Name <u>William</u>		Middle Name			
Home Address (NC Residential Address.) <u>105 Myrtle Ln</u>				Mailing Address (if different than home address.)			
City <u>Tarheel</u>		State <u>NC</u>	Zip Code <u>28392</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: _____							
You must provide at least one identification number below. (or see instructions)				Voter Registration No.		Phone (optional)	
NC License or ID Number				Optional		Email (optional)	
SSN <u>X</u>							

Absentee Voting Information							
Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 311</u>				City <u>Tarheel</u>		State <u>NC</u>	Zip Code <u>28392</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.							
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address				Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email	

RECEIVED
APR 13 2018
 TIME REC'D BY
 BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)	
<u>4/11/18</u> X	_____ Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
NOV 22 2010

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P80

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Cook</u>		First Name <u>Robert</u>		Middle Name <u>Edward</u>	
Home Address (NC Residential Address.) <u>13328 NC HWY 53W</u>				Mailing Address (If different than home address.)	
City <u>White Oak</u>		State <u>NC</u>	Zip Code <u>28399</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				County of Residence	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-3-18 X Robert Cook 8-3-18
Date Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name WRIGHT		First Name MANLY		Middle Name	Suffix
Home Address (NC Residential Address.) 306 PINE RIDGE CIR.				Mailing Address (if different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification: NC License or ID Number <input checked="" type="checkbox"/>			Driver Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature X	Signature of Near Relative/Guardian (if applicable) X
Date 10-3-18	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Thompson</u>		First Name <u>Jessica</u>		Middle Name <u>P</u>	
Home Address (NC Residential Address.) <u>303 Pecan St. Apt. 9E</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro,</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input type="checkbox"/> SSN <input checked="" type="checkbox"/>			Voter Registration No. <input type="checkbox"/> Official	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address


Signature of Near Relative/Legal Guardian (if applicable)

7/27/18
 Date

X

Date

202

	State Absentee Ballot Request Form North Carolina		RECEIVED MAR 13 2018	TO: Bladen County Board of Elections P.O. Box 512 Elizabethtown, NC 28337 PHONE: 910-862-6951 FAX: 910-862-7820 elections@bladenco.org
	TIME _____ REC'D BY _____ BLADEN CO. BO. OF ELECTIONS			

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on 5-8-18
 Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Thompson</u>		First Name <u>Jessica</u>		Middle Name <u>P</u>	
Home Address (NC Residential Address.) <u>303 Pecan St. Apt. 9E</u>			Mailing Address (If different than home address.)		
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Voter Registration No.		Phone	Email

Absentee Voting Information				
Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)	OR Signature of Near Relative/Legal Guardian (if applicable)
<u>[Signature]</u>	<u>9-26-17</u> X
Date	Date

gov to check your voter registration or absentee voting status.



State Absentee Request Form

North Carolina

AUG 17 2018

 TIME REC'D BY
 BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Elect*

Voter Information

Last Name <u>Davis</u>		First Name <u>Brittany</u>		Middle Name <u>Denise</u>	
Home Address (NC Residential Address.) <u>50 Mercer mill Rd Apt 2</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, State ID, or Social Security Number)			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-13-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 2000 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Legions</u>		First Name <u>Jeneva</u>		Middle Name	
Home Address (NC Residential Address.) <u>303 Pecan St. #90</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			Voter Registration No. Optional		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8/2/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 13 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Legions</u>		First Name <u>Jeneva</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>303 Rcan St. #9D</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28330</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, ID Card, or Social Security Number)			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-24-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PID

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jones</u>		First Name <u>Allison</u>		Middle Name <u>Nicole</u>	
Home Address (NC Residential Address.) <u>3539 N. Mitchell Ford Rd</u>				Mailing Address (If different than home address.) <u>Same</u>	
City <u>Claxton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification: NC License or ID Number <u>X</u> SSN <u>[REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		
			Phone (optional) <u>[REDACTED]</u>		
			Email (optional) <u>[REDACTED]</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>BLADEN CO. ED. OF ELEC</u>		State <u>NC</u>	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

8-1-2018

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
 Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Monroe</u>		First Name <u>Alexis</u>		Middle Name <u>C</u>	
Home Address (NC Residential Address.) <u>204 wright street Apt 9B</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification r [REDACTED]				Voter Registration No. Optional	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)
☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-11-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cook</u>	First Name <u>Tara</u>	Middle Name <u>RAE</u>
Home Address (NC Residential Address.) <u>108 Wright St</u>		Mailing Address (if different than home address.) <u>108 Wright St</u>
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladenboro</u>
If "No," indicate the date of your move: <u>1/1/18</u>		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u>
Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>108 Wright St</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian) <u>BLADEN CO. BD. OF ELECTIONS</u>			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/21/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Lloyd</u>		First Name <u>Rickey</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>672 Avenue Ave.</u>				Mailing Address (if different than home address.) <u>P.O. Box 2781</u>	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. Optional		Phone (optional) Email (optional)

RECEIVED

OCT 02 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		TIME	REC'D BY	State	Zip Code
				BLADEN CO. BO. OF ELECTIONS			
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address		Name of Corporation (if appointed legal guardian)					
City	State	Zip Code	Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

2Signature of Near Relative/Legal Guardian (if applicable)

8-22-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

RECEIVED

OCT 03 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

voter Information

Last Name <u>Sahli</u>	First Name <u>Haileigh</u>	Middle Name <u>Marie</u>	[REDACTED]		
Home Address (NC Residential Address.) <u>315 Midway Drive</u>			Mailing Address (If different than home address.) <u>315 Midway Drive</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
Previous Name (if applicable)			[REDACTED]		
If "No," indicate the date of your move: <u>1/1</u>					
You must provide at least one identification number NC License or ID Number [REDACTED] SSN <u>XX XX</u>			Registration No.	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?) <u>315 Midway Dr</u>			City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☒ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-2-18 X
Date

Date



NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Sah LI</u>		First Name <u>Haileigh</u>		Middle Name	
Home Address (NC Residential Address.) <u>315 Midway Dr</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number		SSN	Voter Registration No.	Phone (optional)	Email (optional)
<input checked="" type="checkbox"/>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
				TIME REC'D BY BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)
<u>5/11/18</u> X
Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on May 8, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Sahli</u>		First Name <u>Haileigh</u>		Middle Name <u>Mare</u>	Sur [Redacted]
Home Address (NC Residential Address.) <u>315 Midway Dr</u>				Mailing Address (If different than home address.) <u>RECEIVED</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladen</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable) TIME RECD BY <u>BLADEN CO. BD. OF ELECTIONS</u>		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
NC License or ID Number <u>XX</u>		SSN <u>[Redacted]</u>	Phone	Email <u>timofmyhaileigh@gmail.com</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be sent?) <u>315 Midway Dr.</u>				City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:
☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Voter: [Redacted] OR Signature of Near Relative/Legal Guardian (if applicable): X
 Date: 03/09/2018 Date: _____
 Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 2089 of 2658

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Henry</u>		First Name <u>Kimberly</u>		Middle Name <u>T</u>	
Home Address (NC Residential Address.) <u>204 Wright Street Apt 16C</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License <u>[REDACTED]</u>			Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> son-in-law	<input type="checkbox"/> brother/sister <input type="checkbox"/> grandchild <input type="checkbox"/> daughter-in-law	<input type="checkbox"/> parent <input type="checkbox"/> stepchild <input type="checkbox"/> legal guardian	<input type="checkbox"/> grandparent <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
APR 10 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

4/9/2018
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

RECEIVED
MAR 13 2018

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME REC'D BY PHONE: 910-862-6951
BLADEN CO. BD. OF ELECTIONS
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Elec

Voter Information

Last Name <u>Davis</u>		First Name <u>Terri</u>		Middle Name <u>K</u>	
Home Address (NC Residential Address.) <u>157 Airport Road</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28330</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move:			Voter Registration No. Optional		Phone (optional)
You must provide at least one identification number			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2/9/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Grant</u>		First Name <u>Samuel</u>		Middle Name <u>J</u>	
Home Address (NC Residential Address.) <u>908 Mitchell Ford Rd</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>		
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification: NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>				Voter Registration No. <input type="checkbox"/>	
				Phone (optional)	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City		State	Zip Code	Requestor's Phone <input type="checkbox"/> Requestor's Email <input type="checkbox"/>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 2092 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name
Jackson	Dennis	Morgan
Home Address (NC Residential Address.)		
1860 Berry Lewis Rd		
City	State	Zip Code
Bladenboro		28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If "No," indicate the date of your move: ____/____/____		
County of Residence		
Bladen		
Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number SSN		
X X		
Voter Registration No. Optional		
Phone (optional) Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
Same as above				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 04 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-23-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>JACKSON</u>		First Name <u>Dennis</u>		Middle Name <u>M</u>	
Home Address (NC Residential Address.) <u>1860 Berry Lewis Rd</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN <u>XX</u>	Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

[Signature]
Date 4/10/18

Signature of Near Relative/Legal Guardian (if applicable)

X
Date



TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Autry</u>	First Name <u>Donnie</u>	Middle Name <u>Garrett</u>	Suffix <u>[Redacted]</u>
Home Address (NC Residential Address.) <u>146 Hillcrest Dr.</u>		Mailing Address (If different than home address.) <u>[Redacted]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>[Redacted]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable) <u>[Redacted]</u>
If "No," indicate the date of your move: <u>1/1/</u>		TIME <u>10:24</u> REC'D BY <u>[Redacted]</u> BLADEN CO. BD. OF ELECTIONS	
You must provide at least one identification number NC License or ID Number <u>[Redacted]</u> SSN <u>[Redacted]</u> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		Registration No. <u>[Redacted]</u> Optional	Phone <u>661.343.4590</u> Optional
		Email <u>[Redacted]</u> Optional	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>327 Merrimac Trail, Apt. 5C</u>		City <u>Williamsburg</u>	State <u>VA</u>	Zip Code <u>23185</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[Redacted]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[Redacted]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[Redacted]</u>		Name of Corporation (If appointed legal guardian) <u>[Redacted]</u>		
City <u>[Redacted]</u>	State <u>[Redacted]</u>	Zip Code <u>[Redacted]</u>	Requestor's Phone <u>[Redacted]</u>	Requestor's Email <u>[Redacted]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[Redacted]</u>		Fax Number or Email Address <u>[Redacted]</u>	

OR Signature of Near Relative/Legal Guardian (if applicable)

10/20/18
Date

X

Date

Go to [www.bladenco.org](#) to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on May 8 2017
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>West</u>		First Name <u>Jared</u>		Middle Name <u>A</u>	SSN [REDACTED]
Home Address (NC Residential Address.) <u>9072 Twisted Hickory Rd</u>				Mailing Address (if different than home address.) <u>Same</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28520</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28520</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/17</u>					
You must provide at least one identification number: NC License or ID Number <u>X</u> SSN <u>X</u>			Registration No.	Phone	RECEIVED MAR 27 2018

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) <u>X</u> [REDACTED]	OR Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>2/29/18</u>	Date

www.NCSBE.gov to check your voter registration or absentee voting status.

P-10



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name WEST	First Name JARED	Middle Name ALEXANDER	Suffix [REDACTED]
Home Address (NC Residential Address.) 9072 TWISTED HICKORY RD		Mailing Address (If different than home address.) [REDACTED]	
City BLADENBORO	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1/		Voter Registration No. [REDACTED]	Phone (optional) [REDACTED]
You must provide at least one identification number below. (or see instructions) [REDACTED] XX - XX - [REDACTED]		Email (optional) [REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

3-15-18

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 2017 of 2658 201

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name
Harrelson	Stephen	Troy
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)
315 Ash St		
City	State	Zip Code
Bladenboro	NC	28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Bladen
You must provide at least one identification number NC License or ID Number		Previous Name (if applicable)
SSN		Phone (optional)
X X		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
P.O. Box 597		Bladenboro	NC	28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Requestor's Address		
CRIS HARRELSON		PO BOX 597		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
PO BOX 597		RECEIVED		
City	State	Zip Code	Requestor's Phone	Requestor's Email
Bladenboro	NC	28320		OCT 04 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X pcfaucel 8-22-18
Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Harrelson	First Name Stephen	Middle Name Troy	Suffix	Date of Birth
Home Address (NC Residential Address.) 315 Ash Street		Mailing Address (If different than home address.) P.O. Box 597		
City Bladenboro	State NC	Zip Code 28320	City Bladenboro	State NC
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC ID Card, or US Passport)		<div style="text-align: center;"> RECEIVED APR 13 2018 </div>		

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 597	City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

04-08-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name DAVIS		First Name CARLEY		Middle Name ELOWYN	
Home Address (NC Residential Address.) 312 Pine Ridge Circle				Mailing Address (If different than home address.) SAME	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			<div style="text-align: center;"> RECEIVED OCT 22 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS </div>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 312 Pine Ridge Circle		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother /sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-20-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ RECEIVED BY _____
 BLADEN CO. ED. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Elect*

Voter Information

Last Name <u>Willkes</u>		First Name <u>Monica</u>		Middle Name <u>Alissa</u>	
Home Address (NC Residential Address.) <u>2305 Guyton Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC ID Card, or NC Voter Registration No.)			Phone (optional)		
[Redacted]			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

6-12-18
 Date

X

Date



207

Exhibit 4.2.3.1.2

2101 of 2658

State Absentee Ballot Request Form
North Carolina

RECEIVED
MAR 13 2018

Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820

REC'D BY elections@bladenco.org

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Wilkes</u>	First Name <u>Monica</u>	Middle Name <u>A</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>2305 Bayton Rd</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>[REDACTED]</u>	
If "No," indicate the date of your move: <u>1-1-</u>		Previous Name (if applicable) <u>[REDACTED]</u>	
You must provide at least one identification number NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u> <u>X X</u>		Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
		Email (optional) <u>[REDACTED]</u>	

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Near Relative/Legal Guardian (if applicable)

12-19-17 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Mcduffie</u>		First Name <u>Wilber</u>		Middle Name <u>D</u>	
Home Address (NC Residential Address.) <u>172 Idas Lane</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>	City	State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: _____					
You must provide at least one identification number (NCU, Driver's License, etc.)				Voter Registration No. Optional	Phone (optional)
[Redacted]				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: _____					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address
[Redacted]	

Signature of Near Relative/Legal Guardian (if applicable)

8/13/18
Date

X

Date



State Absentee Ballot Request Form
North Carolina
RECEIVED
OCT 10 2018

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Callihan</u>		First Name <u>Rosa</u>		Middle Name <u>Britt</u>		Suffix [REDACTED]	
Home Address (NC Residential Address.) <u>526 Kelly Rd.</u>				Mailing Address (If different than home address.) <u>PO Box 565</u>			
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable) <u>Rosa Edwards Britt Callihan</u>		
If "No," indicate the date of your move: <u>1/1</u>			Voter Registration No.		Phone (optional) <u>910-862-9588</u>		Email (optional)
Your voter identification number below. (or see instructions) [REDACTED] X X X - X X - [REDACTED]							

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>526 Kelly Rd.</u>			City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

10-10-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jackson</u>	First Name <u>Alicia</u>	Middle Name <u>marie</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>137 Kelly St.</u>		Mailing Address (If different than home address.) [REDACTED]		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
Voter Registration No. <u>XX - XX -</u>		Phone (optional) Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 274</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
 APR 10 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-20-18
 Date

X

Date



State Absentee Ballot Request Form

NC State Board of Elections

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723
elections.sboe@ncsbe.gov

FAX: 919-715-0135

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Locklear		First Name Nikki		Middle Name M	
Home Address (NC Residential Address.) 11561 NC Hwy 242 S				Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC Voter ID Number: [REDACTED] SSN: [REDACTED] <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>			Voter Registration No. Optional		Phone (optional) 9108796022
					Email (optional) nikki_locklear@brown.edu

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 69 Brown Street, Box #4448				Providence		State RI	Zip Code 02912
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name (First) (Middle) (Last) (Suffix)				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address				Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email		

RECEIVED
SEP 24 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature [REDACTED]	Signature of Near Relative/Guardian (if applicable) [REDACTED]
Date 23/2018	Date X

Go to [www.ncsbe.gov](#) to check your voter registration or absentee voting status.

RECEIVED

2106 of 2658

FEB 15 2018



State Absentee Ballot Request Form

North Carolina

TIME
BLADEN CO. BO. OF ELECTIONS
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary Election on May 8, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name Locklear	First Name Nikki	Middle Name Marie
Home Address (NC Residential Address.) 11561 NC 242 Hwy		Mailing Address (if different than home address.)
City Bladenboro	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification N [redacted] SSN [redacted] X [redacted]		Voter Registration No. 000000057207
		Phone (optional) 9108796022
		Email (optional) nikki_locklear@brown.edu

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 69 Brown Street, Box #4448		City Providence	State RI	Zip Code 02912
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (if applicable)

Signature of Near Relative/Guardian (if applicable)

1/23/2018

X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

2107 of 2658



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Bladen on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name BEST	First Name LIZZIE	Middle Name MAE	State NC
Home Address (NC Residential Address.) 2609 OLD NC 20 RD.		Mailing Address (If different than home address.)	
City SAINT PAULS	State NC	Zip Code 28384	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move:		Voter Registration No.	Phone (optional)
You must provide at least one identification NC license or ID Number		Optional	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 2609 old N.C 20		City St Pauls	State N.C	Zip Code 28384
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 12 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature

Signature of Near Relative/Guardian (if applicable)

10-5-18 X

Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

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OCT 03 2018

2108 of 2658
NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name
Evans	Rylie	Marie
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)
3886 N. Mitchell Ford Rd		
City	State	Zip Code
Clarkton	NC	28433
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move: <u>1/1</u>		Bladen
You must provide at least one identification number below. (or see instructions)		Voter Registration No.
SSN: <u>XXX - XX -</u>		Optional
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
3886 N. Mitchell Ford Road		Clarkton	NC	28433
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to the voter:		
(First) (Middle) (Last)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 03 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable)
<u>9/30/18</u>
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Ele

Voter Information

Last Name Cochran		First Name Louvinia		Middle Name Marie	
Home Address (NC Residential Address.) 1414 River Rd				Mailing Address (If different than home address.)	
City White Oak	State NC	Zip Code 28399	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification			Voter Registration No.		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1414 River Rd		City White Oak	State NC	Zip Code 28399
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/3/18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bobbey</u>		First Name <u>Kara</u>		Middle Name <u>Susanne</u>	
Home Address (NC Residential Address.) <u>12351 NC HWY 53 W</u>				Mailing Address (If different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u> / / </u>			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN <u>X X X</u>	Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>380 Oasis Way Apt 137F</u>		City <u>Lynchburg</u>	State <u>VA</u>	Zip Code <u>24502</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Heather S. Bobbey</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>12351 NC HWY 53 W</u>		Name of Corporation (If appointed legal guardian)		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	Requestor's Phone <u>850-9322</u>	Requestor's Email <u> </u>

RECEIVED
OCT 11 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

X Heather Bobbey

10/11/18

Date

Date

Go to [www.bladenco.org](#) to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Bobbey</u>		First Name <u>Kara</u>		Middle Name <u>Susanne</u>	
Home Address (NC Residential Address.) <u>12351 NC 53 HWY West</u>				Mailing Address (If different than home address.) <u>8022 Timberlake Rd. #28</u>	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>Lynchburg</u>	State <u>VA</u>	Zip Code <u>24502</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X</u>	Voter Registration No. <u>57267</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>8022 Timberlake Rd #28</u>		City <u>Lynchburg</u>	State <u>VA</u>	Zip Code <u>24502</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Heather Bobbey</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>12351 NC 53 HWY West</u>		Name of Corporation (if appointed legal guardian)		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	Requestor's Phone <u>910-850-9322</u>	Requestor's Email <u>hbobbey@fcpatriots.org</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>RECEIVED</u> <u>APR 23 2018</u>		Fax Number or Email Address	

REC'D BY
BD. OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

X Heather S. Bobbey 4/23/18
Date

TO: BLADEN COUNTY BOARD OF ELECTIONS



State Absentee Form

North Carolina

AUG 22 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Elec

Voter Information

Last Name <u>Collier</u>		First Name <u>Steven</u>		Middle Name <u>R</u>	
Home Address (NC Residential Address.) <u>20 Elaine Lane</u>				Mailing Address (If different than home address.)	
City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1879 White Lake Dr</u>		City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-9-18 X
 Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2

2113 of 2658



State Absentee Ballot Request Form North Carolina

RECEIVED
OCT 05 2011

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name CHAVEZ	First Name EMMA	Middle Name MAE	Suffix
Home Address (NC Residential Address.) PO BOX 51 - 293 John T. Council Cemetery Ln.		Mailing Address (If different than home address.)	
City WHITE OAK	State NC	Zip Code 28399	City State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1			
You must provide at least one identification number below (for one instruction): NC License or ID Number X X		Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 51		State NC	Zip Code 28399
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable) 10-1-18 X	Date
---	------

V2013.11

visit www.ncsbe.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

33192181341 NC8W1114295 CVWC

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name WILLIAMS		First Name LINDRA		Middle Name ANN	S [REDACTED]	
Home Address (NC Residential Address.) 307 JOHNSON AVE.				Mailing Address (If different than home address.)		
City ELIZABETHTOWN	State NC	Zip Code 28337	City		State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]			Voter Registration No.		Phone (optional)	Email (optional)
You must provide at least one identification: NC License or ID Number [REDACTED]			[REDACTED]		[REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City			Zip Code
<p>If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. OCT 19 2018</p> <p><input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p>						
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. REC'D BY BLADEN CO. BD. OF ELECTIONS</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>						
If "Yes," what is the name and address of the hospital or facility:						
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>						
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature X [REDACTED]	Signature of Near Relative/Guardian (if applicable) X [REDACTED]
Date	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Melvin</u>		First Name <u>Samuel</u>		Middle Name <u>Darrell</u>		Suffix	Date of Birth
Home Address (NC Residential Address.) <u>42 Sand pit Rd</u>				Mailing Address (if different than home address.)			
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move:				Voter Registration No. <i>Optional</i>		Phone (optional)	Email (optional)
You must provide at least one identification number NC ID <u>[REDACTED]</u>							

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

08-14-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>Robert</u>		Middle Name <u>Lee</u>	
Home Address (NC Residential Address.) <u>127 Johnson Rd.</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1-1</u>					
You must provide at least one identification number NC License or ID Number		SSN <u>X X</u>	Registration No.	Phone (optional) <u>910-874-0184</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Mary Louise Sinkler Smith</u>		<input type="checkbox"/> spouse <input checked="" type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>127 Johnson Rd.</u>		Name of Corporation (If appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910-874-0184</u>	Requestor's Email <u>TIME REC'D BY BLADEN CO. BD. OF ELECTIONS</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

X Mary Louise Sinkler 10/17/18

Date

Date



State Absentee Ballot Request Form

North Carolina

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Jessup</u>		First Name <u>Jaquel</u>		Middle Name <u>Rashawn</u>	
Home Address (NC Residential Address.) <u>5504 highway 93 W white oak</u>				Mailing Address (if different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u> Phone (optional) Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/15/18 X
 Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on November
Election

Voter Information

Last Name JOHNSON		First Name KENDRA		Middle Name ELISA	
Home Address (NC Residential Address.) 136 Frank Melvin Rd				Mailing Address (If different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: 11/1			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?) 136 Frank Melvin Rd		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name RECEIVED		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address OCT 20 2013		Name of Corporation (If appointed legal guardian)		
City TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable) 10/12/13 X	Date
--	------

V2013.11

Visit www.ncsbe.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 22 3

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

80

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Elect

Voter Information

Last Name <u>COOPER</u>		First Name <u>Kerin</u>		Middle Name <u>O'Neal</u>	
Home Address (NC Residential Address.) <u>1414 River Rd</u>				Mailing Address (If different than home address.)	
City <u>White oak</u>		State <u>NC</u>	Zip Code <u>28399</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
Previous Name (if applicable)				Phone (optional)	
If "No," indicate the date of your move:				Email (optional)	
You must provide at least one identification NC License or ID Number				Voter Registration No. Optional	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1414 River Rd</u>		City <u>White oak</u>	State <u>NC</u>	Zip Code <u>283</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-2-2018
Date

X

Date



TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512

Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Last Name Caulder		First Name Donald		Middle Name Thoris	
Home Address (NC Residential Address.) 414 Old Place LN			Mailing Address (If different than home address.) 414 Old Place LN		
City Bladenboro		State NC	Zip Code 28320	City Bladenboro	
		State NC	Zip Code 28320		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)
If "No," indicate the date of your move: [Redacted]					
You must provide at least one identification number (NCL) [Redacted]			Driver Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?) 414 Old Place LN		City Bladenboro		State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.


Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

 Mail

Fax

 Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-12-18

X

Date _____

Date _____



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

2121 of 2658

TO: Bladen County Board of Elections

PO BOX 512

Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Kelly</u>	First Name <u>KAYLA</u>	Middle Name <u>M</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>19478 NC Hwy 410 S</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1-1</u>			
You must provide at least one identification number: NC License or ID Number <u>XX</u> SSN <u>[REDACTED]</u>		Registration No.	Phone (optional)
			Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

RECEIVED

MAR 26 2018

RECEIVED BY
CLERK OF ELECTIONS

12/16/17
Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Visit www.nc.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Rhone</u>		First Name <u>Sheronda</u>		Middle Name <u>Romise</u>	
Home Address (NC Residential Address.) <u>510 Mercer mill Apt 3</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification [Redacted] SSN <u>X</u>			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-13-18

Date

X

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11/6
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name BURNEY	First Name JUDY	Middle Name KAY
Home Address (NC Residential Address.) 112 BIGGS AVE.		Mailing Address (If different than home address.)
City ELIZABETHTOWN	State NC	Zip Code 28337
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen
If "No," indicate the date of your move: [Redacted]		Previous Name (If applicable)
You must provide at least one identifier NC License or ID Number [Redacted]		Voter Registration No. [Redacted]
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 112 Biggs Ave		City ElizabethTown	State NC	Zip Code 28337
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [Redacted]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address
Signature of Near Relative/Guardian (if applicable) X Date	

er registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

RECEIVED

MAR 13 2018

TIME _____ BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

May 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Oziwanowski	First Name anna	Middle Name Elise	Suffix
Home Address (NC Residential Address.) 401 Anne St		Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move:		Registration No.	Phone (optional)
You must provide at least one identification number (NC ID, Driver's License, etc.)		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/9/2018

Date

X

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Pena Sierra		First Name Demetrio		Middle Name	
Home Address (NC Residential Address.) 805 Riverside Dr				Mailing Address (if different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>/ /</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC Driver's License Number <u>X</u> <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. <u>7512-1</u>		Phone (optional) <u>802-3778</u>
			Email (optional) dpena-sierra@outlook.com		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>805 Riverside Dr</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

9/25/2018

X

Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Dove</u>		First Name <u>Edison</u>		Middle Name	
Home Address (NC Residential Address.) <u>382 Guyton Rd.</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Voter Registration No. <u>7561</u>		Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>382 Guyton Rd.</u>		City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter <u>X</u>	Signature of Near Relative/Guardian (if applicable) <u>X</u>
Date <u>10-22-18</u>	Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Dove</u>		First Name <u>Edison</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>382 Guyton Rd</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable)		
You must provide at least one identification: NC License or ID Number <u>X</u>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-6-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TIME RECEIVED BY
BLADEN CO. CLERK OF ELECTIONS

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>King</u>	First Name <u>Dennis</u>	Middle Name <u>Micheal</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>62 Montgomery Road</u>		Mailing Address (If different than home address.) <u>62 Montgomery Road</u>		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Clarkton</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? If "No," indicate the date of your move: [REDACTED]		County of Residence <u>Bladen</u>	Previous Name (if applicable)	
Y N [REDACTED]		Voter Registration No. Optional	Phone (optional) <u>910-872-4630</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>62 Montgomery Road</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-6-18

Date

X

Date



State Absentee Ballot Request Form
North Carolina
RECEIVED
SEP 21 2013

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Election*

Voter Information

Last Name <u>LAKSON</u>		First Name <u>Branden</u>		Middle Name <u>W</u>	
Home Address (NC Residential Address.) <u>2305 GUYTON Rd</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28330</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number _____ SSN _____		Voter Registration No. _____ Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-19-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

2130 of 2658

RECEIVED

MAR 3 2018

TO: Bladen County Board of Elections

512

Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

REC'D BY

BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	SSN
CAKSON	Braden	T	[REDACTED]
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
2305 GATON Rd			
City	State	Zip Code	
Bladenboro	NC	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: 1-1-			
You must provide at least one identification number: NC License or ID Number		Registration No.	Phone (optional)
SSN: [REDACTED] X			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
SAME AS ABOVE				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by:
	(Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

12/19/17

X

Date

Date



15

Exhibit 4.2.3.1.2

2131 of 2658

State Absentee Ballot Request Form
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Huchingson</u>	First Name <u>Debbie</u>	Middle Name <u>A</u>	Suffix [Redacted]
Home Address (NC Residential Address.) <u>7365 Hwy 131</u>		Mailing Address (if different than home address.) [Redacted]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1-1-</u>			
You must provide at least one identification number: NC License or ID Number <u>[Redacted]</u> SSN <u>[Redacted]</u> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		Registration No.	Phone (optional)
			Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as Above</u>		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

12-19-11 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Singleberry</u>		First Name <u>Emerald</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>706 Chestnut #30</u>				Mailing Address (If different than home address) <u>[REDACTED]</u>	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>[REDACTED]</u>		Voter Registration No. Optional		Phone (optional)	Email (optional)
You must provide at least one identification NC License or ID Number <u>[REDACTED]</u>		Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)

City <u>Same</u>		State	Zip Code
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If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.☐ Democratic☐ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email
------	-------	----------	-------------------	-------------------

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18 X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

2133 of 2658



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Pr. mary on
Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
SINGLETARY	EMERALD	DENISE	M
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
706 CHESTNUT ST., APT. 30			
City	State	Zip Code	City
BLADENBORO	NC	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
		Bladen	
If "No," indicate the date of your move:		Previous Name (if applicable)	
You must provide at least one identification NC License or ID Number		Registration No.	Phone (optional)
X		Optional	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
706 Chestnut St Apt 30		Bladenboro	NC	28320
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

9/27/18 X

Date

Date

SBE.gov to check your voter registration or absentee voting status.

SEE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

201

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Brisson</u>		First Name <u>Jimmy</u>		Middle Name <u>Lee</u>	Suffix
Home Address (NC Residential Address.) <u>414 South Ashe Street</u>			Mailing Address (if different than home address.) <u>P.O. Box 1266</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1-1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXXX</u>			Voter Registration No. <u>[REDACTED]</u>		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1266</u>		State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

RECEIVED

MAR 26 2018

BY _____
OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

1-3-18 X

Date

Date

Go to www.bladenco.org to check your voter registration or absentee voting status.



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

2135 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Kennedy</u>		First Name <u>Cayla</u>		Middle Name <u>Michelle</u>	
Home Address (NC Residential Address.) <u>2020 Center Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code	City	State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move:		Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification NC License or ID Number		Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
City		State	Zip Code	Name of Corporation (if appointed legal guardian)
		Requestor's Phone	TIME REC'D BY BLADEN CO. BOE OF ELECTIONS	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-25-18
Date

X

Date



15

Exhibit 4.2.3.1.2

2136 of 2658

State Absentee Ballot Request Form
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>Kennedy</u>	First Name <u>Cayla</u>	Middle Name <u>M</u>	Suffix [Redacted]
Home Address (NC Residential Address.) <u>2020 Center Road ed</u>		Mailing Address (If different than home address.) [Redacted]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1-1-18</u>			
You must provide at least one identification number: NC License or ID Number <u>XX</u> SSN <u>[Redacted]</u>		Registration No.	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[Redacted]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[Redacted]</u>		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X 12-26-17

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name <u>Peterson</u>		First Name <u>Robert</u>		Middle Name <u>Blaine</u>	
Home Address (NC Residential Address.) <u>302 Butler Mill Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
Your NC Voter ID number below. (or see instructions) <u>XXXXXXXXXX</u>			Voter Registration No. Optional:		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed, including overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-23-18
 Date

X
 Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 19 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Kalon</u>	First Name <u>Iris</u>	Middle Name <u>Haudee</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>303 Pecan St Apt. 9C</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			
Voter Registration No. <u>XX - XX</u>		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-18-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

P. 201

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Kelly</u>	First Name <u>David</u>	Middle Name <u>G</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>3332 Old Abbottsburg Rd</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>[REDACTED]</u>		Previous Name (if applicable)	
You must provide at least one identification NC License or ID Number <u>[REDACTED]</u>		Voter Registration No. Optional <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
		Email (optional) <u>[REDACTED]</u>	

RECEIVED

OCT 15 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>[REDACTED]</u>	TIME BLADEN CO. SD. OF ELECTIONS	State <u>NC</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>[REDACTED]</u>

Signature of Near Relative/Legal Guardian (if applicable)

8-23-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

0202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Singleton</u>		First Name <u>James</u>		Middle Name <u>Lee</u>	
Home Address (NC Residential Address.) <u>706 Spinners Court</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> son-in-law <input type="checkbox"/> grandchild <input type="checkbox"/> daughter-in-law <input type="checkbox"/> grandparent <input type="checkbox"/> stepchild <input type="checkbox"/> legal guardian <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

0202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Singleton</u>		First Name <u>James</u>		Middle Name <u>Lee</u>	
Home Address (NC Residential Address.) <u>706 Spinners Court</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. <i>Optional</i>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> child	<input type="checkbox"/> son-in-law	<input type="checkbox"/> grandparent
	<input type="checkbox"/> grandchild	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
				<input type="checkbox"/> mother-in-law
				<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

My Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME _____ REC'D BY PHONE: 910-862-6951
BLADEN CO. BD. OF ELECTIONS Election@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5/8/18
Election

Voter Information

Last Name <u>Singlefary</u>	First Name <u>James</u>	Middle Name <u>L</u>
Home Address (NC Residential Address.) <u>706 Chestnut St. #1</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <u>X</u> SSN <u>[REDACTED]</u>		Registration No. Optional
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5/9/18
Date

X
Date



NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election on 11/06/2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Singletary		First Name Madison		Middle Name Diane	
Home Address (NC Residential Address.) 11648 NC hwy 242-south				Mailing Address (if different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: ____/____/____			County of Residence Bladen		
You must provide at least one identification number below (see instructions). NC License or ID Number X			Voter Registration No. 690	Phone (optional) 9103165552	Email (optional) maddysp98@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO Box 2577		City Buies Creek	State NC	Zip Code 27506
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

10/15/2018 X

Date

Date

visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Pettiford</u>	First Name <u>Samantha</u>	Middle Name <u>M</u>
Home Address (NC Residential Address.) <u>1010 James St</u>		Mailing Address (if different than home address.)
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number (NC Driver's License, NC ID Card, or US Passport)		Voter Registration No. (Optional) Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/14/18X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

 TIME _____ REC'D BY _____
 BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Davis</u>		First Name <u>Ronnie</u>		Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1568 Tar Heel Rd.</u>				Mailing Address (If different than home address.)		
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]						
You must provide at least one identification number (NCID) [REDACTED] X			Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6/16/18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Davis</u>		First Name <u>Ronnie</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>1568 Tar Heel Rd.</u>				Mailing Address (If different than home address.)	
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>	Registration No.	Phone (optional)	Email (optional)

RECEIVED

APR 12 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	TIME	REC'D BY	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent				
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law				
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

3-29-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Stone</u>	First Name <u>Zachary</u>	Middle Name <u>James</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>15483 NC 131 Hwy 5</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28330</u>	City	State Zip Code
Have you lived at this address for more than 30 days? If "No," indicate the date of your move:		County of Residence	Previous Name (if applicable)	
Y N		Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

RECEIVED
 MAY 8 2018
 CLERK OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

3-7-18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 2148 of 2658
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on May 8th, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Judson</u>	First Name <u>Brandon</u>	Middle Name <u>Thomas</u>	Suffix		
Home Address (NC Residential Address.) <u>268 Willoughby Rd.</u>		Mailing Address (If different than home address.) <u>Po Box 1371</u>			
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>SSN</u> <u>X X</u>			Voter Registration No. <u>RECEIVED</u> <u>APR 03 2018</u>		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		TIME	REC'D BY	Zip Code
		BLADEN CO. BD. OF ELECTIONS		
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a <i>partisan</i> primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/31/18 X

Date

Date

Go to www.bladenco.org to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Elect

Voter Information

Last Name <u>Simpson</u>		First Name <u>Lavon</u>		Middle Name <u>S</u>	
Home Address (NC Residential Address.) <u>209 Mercer Mill Rd Apt 2 H</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number _____ SSN _____			Voter Registration No. _____ Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother /sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-15-18
Date

X

Date

202



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTYTO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hickman</u>		First Name <u>Suzanne</u>		Middle Name <u>Marie</u>		Suffix [REDACTED]	
Home Address (NC Residential Address.) <u>304 Village St Apt 3C</u>				Mailing Address (if different than home address.) [REDACTED]			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: _____				Registration No.		Phone (optional)	Email (optional)
You must provide at least one identification number (SSN, Driver's License Number, etc.) [REDACTED] <u>XXX</u>				[REDACTED]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: _____					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

13-18 X

Date

Date

to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 13 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hickman</u>	First Name <u>Suzanne</u>	Middle Name <u>Marie</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>304 Village</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1-1-</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional)
[REDACTED] tion number below. (or see instructions) SSN <u>X X X - X X</u>			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-7-17 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Elect*

Voter Information

Last Name <u>Dye</u>		First Name <u>Kalisha</u>		Middle Name <u>Tina</u>	
Home Address (NC Residential Address.) <u>808 Fox St</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC ID, Driver's License, etc.)			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9/27/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Prevatte</u>		First Name <u>Hunter</u>		Middle Name <u>Chase</u>	
Home Address (NC Residential Address.) <u>143 Marshall Cain Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number			Voter Registration No. <i>Optional</i>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-1-18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

TIME _____ RECEIVED BY _____
BLADEN CO. BO. OF ELECTIONS

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Monroe</u>		First Name <u>Arlese</u>		Middle Name <u>Ann</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>451 mckoy Rd</u>				Mailing Address (if different than home address.) <u>451 mckoy Rd</u>		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1/</u>						
Y N [Redacted]			Voter Registration No. Optional [Redacted]		Phone (optional) <u>910-874-6285</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>451 Mckoy Road</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [Redacted]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-6-18

Date

X

Date



RECEIVED Absentee Ballot Request Form North Carolina **OCT 08 2018** **RECEIVED**

TIME _____ REC'D BY _____
 BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
 Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Tyler</u>		First Name <u>Summer</u>		Middle Name <u>Brook</u>	
Home Address (NC Residential Address.) <u>1106 Bullard ST</u>				Mailing Address (If different than home address.) <u>Same</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number _____ SSN _____			Voter Registration No. _____ Optional		Phone (optional) _____ Email (optional) _____

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

**State Absentee Ballot Request Form**
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**I am requesting an absentee ballot for the: Primary on Election Date
Election Type (Primary, General, Municipal, Special, etc.)**Voter Information**

Last Name <u>Blackburn</u>	First Name <u>JAMES</u>	Middle Name <u>ARNOLD</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>694 Main St</u>		Mailing Address (if different than home address.) <u>Same</u>	
City <u>Town</u>	State <u>NC</u>	Zip Code <u>28392</u>	City <u>Bladen</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1-1-18</u>		Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		Registration No. <u>NAF</u>	Phone (optional) <u> </u>
		Email (optional) <u> </u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u> </u>		City <u> </u>	State <u> </u>	Zip Code <u> </u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u> </u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u> </u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> son-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u> </u>		Name of Corporation (if appointed legal guardian) <u> </u>		
City <u> </u>	State <u> </u>	Zip Code <u> </u>	Requestor's Phone <u> </u>	Requestor's Email <u> </u>

RECEIVED
APR 27 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS**For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)**

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u> </u>		Fax Number or Email Address <u> </u>	

Signature of Near Relative/Legal Guardian (if applicable)

4-26-018 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

11/28/18

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Elect

Voter Information

Last Name <u>Merritt</u>		First Name <u>Lauren</u>		Middle Name <u>Traci</u>	
Home Address (NC Residential Address.) <u>8906 NC Hwy 41 East</u>				Mailing Address (If different than home address.) <u>8906 NC Hwy 41 East</u>	
City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification number (NC License or ID Number, SSN, etc.) [REDACTED]			Voter Registration No. <u>0000058065</u>		Phone (optional) <u>910876 3325</u>
					Email (optional) <u>gemibme@yahoo.com</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>8906 NC Hwy 41 East</u>		City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-5-2018

Date

X

Date



State Absentee Ballot Request

North Carolina

RECEIVED
MAR 13 2018

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME _____ REC'D BY _____ PHONE: 910-862-6951
BLADEN CO. BD. OF ELECTIONS elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Reaves</u>	First Name <u>Tarig</u>	Middle Name <u>Maddai</u>
Home Address (NC Residential Address.) <u>303 Pecan St. Apt. 9E</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Previous Name (if applicable)
Your NC Identification Number: <u>[REDACTED]</u>		Driver Registration No. (Optional)
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-11-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 22 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

501

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Ele

Voter Information

Last Name <u>Tyrer</u>		First Name <u>Dorothy</u>		Middle Name <u>Ellen</u>	
Home Address (NC Residential Address.) <u>205 Horne St</u>				Mailing Address (If different than home address.) <u>same</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number _____ SSN _____ <input checked="" type="checkbox"/> X			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-30-2018
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Babson</u>		First Name <u>Bobby</u>		Middle Name <u>Dale</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1676 211 west</u>				Mailing Address (If different than home address.) <u>REGISTERED</u>		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Bladen</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>			Previous Name (if applicable) <u>BLADEN CO. LD. OF ELECTIONS</u>
If "No," indicate the date of your move: <u>1-1</u>			Voter Registration No. [REDACTED]			Phone (optional) [REDACTED]
Your NC driver's license number below. (or see instructions) <u>XX-XX</u>			Email (optional) [REDACTED]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 9446</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-2-18
 Date

X
 Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Hammonds</u>		First Name <u>Doris</u>		Middle Name <u>Lee</u>	
Home Address (NC Residential Address.) <u>511 JA Carroll RD</u>				Mailing Address (If different than home address.) <u>511 JA Carroll RD</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move:			Registration No.		Phone (optional)
You must provide at least one identification number: NC License or ID Number <u>XX</u> SSN <u>XX</u>			TIME REC'D BY RECEIVED APR 13 2018		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>511 JA Carroll RD</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-12-18
Date

X

4/12/18
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Riggins</u>		First Name <u>Pernell</u>		Middle Name <u>-</u>	
Home Address (NC Residential Address.) <u>208 Mercer Mill Road</u>				Mailing Address (If different than home address.) <u>P.O. Box 1449</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>[Redacted]</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[Redacted]</u> SSN <u>[Redacted]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1449</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>Elizabethtown Health Care and Rehabilitation 208 Mercer Mill Road</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-30-18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bullard</u>	First Name <u>Connie</u>	Middle Name <u>Donette</u>	Suffix [Redacted]
Home Address (NC Residential Address.) <u>63 Kelly Street</u>		Mailing Address (if different than home address.) [Redacted]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XX</u>		Voter Registration No.	Phone (optional) Email (optional)

Absentee Mailing Address (where should the ballot be mailed?) <u>Same as Above</u>		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>RECEIVED</u> <u>MAR 26 2018</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

12/15/18

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Nov. 6 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bevor</u>		First Name <u>Brooklyn</u>		Middle Name <u>Mane</u>	
Home Address (NC Residential Address.) <u>4816 Twisted Hickory Road</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1 / 1</u>					
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>	Voter Registration No. <u>58180</u>	Phone (optional)	Email (optional) <u>b.beyordl@gmail.com</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>4816 Twisted Hickory Road</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	TIME <u>BLADEN CO.</u>	State BY <u>BD. OF ELECTIONS</u>	Zip Code	
		Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/18/18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lewis</u>		First Name <u>Delois</u>		Middle Name <u>M.</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>152 Pearl Lloyd Rd</u>			Mailing Address (if different than home address.) <u>P.O. Box 188</u>		
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable)		
You must provide at least one identification number NC License <u>[REDACTED]</u>			Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-23-2018X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

70

TIME _____ REC'D BY _____

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Riley</u>		First Name <u>Patty</u>		Middle Name <u>Lea</u>	
Home Address (NC Residential Address.) <u>6842 Old Fayetteville Road</u>				Mailing Address (If different than home address.)	
City <u>Garland</u>	State <u>NC</u>	Zip Code <u>28441</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move:			Voter Registration No. Optional		Phone (optional)
You must provide at least one identification [Redacted] X [Redacted]			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>6842 Old Fayetteville Road</u>		City <u>Garland</u>	State <u>NC</u>	Zip Code <u>28441</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/16/18 X

Date

Date



North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Last Name HEUSTESS		First Name ASHLI		Middle Name MILLER	
Home Address (NC Residential Address.) 3355 BURNIE FORD RD				Mailing Address (If different than home address.)	
City CLARKTON		State NC	Zip Code 28433	City	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence BLADEN	Previous Name (if applicable)
If "No," indicate the date of your move:				<div style="text-align: center;"> RECEIVED OCT 30 2018 </div>	
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. 00000058237		Phone (optional) Email (optional)
X					TIME REC'D BY BLADEN CO. RD. OF ELECTIONS

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
3355 Burney Ford Road		Clarkton		NC	28433
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.					
<input type="checkbox"/> Democratic		<input type="checkbox"/> Republican		<input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan	
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
3355 Burney Ford Rd					
City	State	Zip Code	Requestor's Phone	Requestor's Email	
Clarkton	NC	28433	910-876-4459	edc@blklenco.org	

<p>Select one of the options below to qualify as a military or overseas voter:</p> <p><input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.</p> <p><input type="checkbox"/> U.S. citizen residing <u>outside</u> the U.S. temporarily or indefinitely</p>	
<p>Current Address (Address where you are currently stationed or living overseas.)</p>	<p>Transmit my ballot by: (Military/Overseas Voters Only)</p> <p><input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email</p> <p>Fax Number or Email Address</p>

Signature of Near Relative/Legal Guardian (if applicable)

X [Signature] 10-30-18
Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Baker	First Name Ja-Bril	Middle Name Elijah	Suffix	Date of Birth 6/12/98
Home Address (NC Residential Address.) 161 Belbamy Rd.		Mailing Address (If different than home address.)		
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: ____/____/____		Previous Name (if applicable)		
You are requesting a ballot for the number below. (or see instructions) NC Lic [REDACTED] X X - X X [REDACTED]		Voter Registration No. Optional		
		<div style="text-align: center;"> RECEIVED APR 12 2018 </div>		

TIME ____ REC'D BY ____
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) same as above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/30/18
Date

X
Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name HESTER		First Name JULIA		Middle Name FAYE	
Home Address (NC Residential Address.) 513 ANNE ST				Mailing Address (If different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN X X	Voter Registration No. 0000058272	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 513 ANNE ST		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 26 2018

TIME ____ REC'D BY ____
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-23-2018 X Angela Jane Wells 10-23-2018
Date Date
daughter



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election**Voter Information**

Last Name <u>BILLS</u>		First Name <u>AMBER</u>		Middle Name <u>NICOLLE</u>	
Home Address (NC Residential Address.) <u>14970 NC 242 HWYS</u>				Mailing Address (if different than home address.) <u>PO Box 1076</u>	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable)		
You must provide at least one identification number (NC License or ID Number, Issued)			Voter Registration No. Optional		
[REDACTED]			Phone (optional)		
[REDACTED]			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1076</u>		City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED**OCT 04 2018**TIME _____ REG'D BY _____
BLADEN CO. BD. OF ELECTIONS**For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)**

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

08/15/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

201

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Johnson</u>		First Name <u>Tyler</u>		Middle Name <u>S</u>	
Home Address (NC Residential Address.) <u>61 Butter Church Rd</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28520</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN		Voter Registration No. (Optional)	
				Phone (optional)	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-6-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 22 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

240

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Warner</u>	First Name <u>Ann</u>	Middle Name <u>C.</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>392 Jurtle Cove Dr</u>		Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification number (NC [REDACTED])		Voter Registration No. (Optional)		
		Phone (optional)		
		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>392 Jurtle Cove Dr</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7.3.2018 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cain</u>	First Name <u>Jeffery</u>	Middle Name <u>Layton</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>12924 Hwy 242 S</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC <u>[REDACTED]</u> <u>XX - XX</u> <u>[REDACTED]</u>		Voter Registration No. Optional	Phone (optional) <u>[REDACTED]</u> Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-8-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Dani</u>	First Name <u>Bruce</u>	Middle Name <u>Dan</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>771 Bethel Church Rd</u>		Mailing Address (if different than home address.) [REDACTED]		
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [REDACTED] SSN [REDACTED]		Voter Registration No. [REDACTED] Phone (optional) [REDACTED] Email (optional) [REDACTED]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	TIME BLADEN CO. LD. OF ELECTIONS	REC'D BY [REDACTED]	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.						
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date

PK 28
CL

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on 5/18/18
Election Date

Voter Information

Last Name <u>Pell</u>	First Name <u>Bruce</u>	Middle Name <u>Dalton</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>771 Bethel Church Rd.</u>		Mailing Address (if different than home address.)	
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move:			
You must provide at least one identification number (NC ID, Driver's License, etc.)		Voter Registration No. (Optional)	Phone (optional) Email (optional)
[REDACTED]			

RECEIVED

APR 13 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	TIME	REC'D BY	State	Zip Code
			BLADEN CO. BO. OF ELECTIONS			
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.						
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5-3-94

Date

X

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY**RECEIVED**

OCT 03 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

TIME _____ REC'D BY _____

BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Burney</u>	First Name <u>Jeffery</u>	Middle Name <u>C</u>	[Redacted]		
Home Address (NC Residential Address.) <u>153 Old Boardman Rd</u>			Mailing Address (If different than home address.) [Redacted]		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1-1-18</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number SSN <u>X X X</u>			Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only)	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax	<input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address			

Signature of Near Relative/Legal Guardian (if applicable)

6-3-18

X

Date

Date

Go to [http://www.bladenco.org](#) to check your voter registration or absentee voting status.

Update
2177 of 2658

State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Burney</u>	First Name <u>Jeffery</u>	Middle Name <u>Clifford</u>			
Home Address (NC Residential Address.) <u>153 Old Boardman Rd.</u>					
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
Previous Name (if applicable)					
If "No," indicate the date of your move: <u>1/1/18</u>					
You must provide at least one identification number: NC License or ID Number <u>SSN</u> <u>XX</u>			Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	
				Requestor's Email	

RECEIVED

APR 20 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/17/18
Date

X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name EVERETTE		First Name KEITH		Middle Name BRIAN	
Home Address (NC Residential Address.) 1849 SWEET HOME CHURCH RD.				Mailing Address (If different than home address.)	
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
Social Security Number (SSN) X X Voter Registration No. X X			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) KEITH EVERETTE 1849 SWEET HOME CHURCH RD		City ELIZABETHTOWN	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name <u>Callihan</u>	First Name <u>Wilbur</u>	Middle Name <u>Craig</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>12051 Hwy 41 West</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable) RECEIVED		
You must provide at least one identification number below. (or see instructions) NCID <u>XX - XX -</u>		Voter Registration No. <u>Optional</u>		
		Phone (optional) <u>Optional</u> TIME <u>REC'D BY</u> BLADEN CO. BD. OF ELECTIONS		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>12051 Hwy 41 West</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>McMorrow</u>		First Name <u>Keith</u>		Middle Name	
Home Address (NC Residential Address.) <u>2006 Chickenfoot Rd</u>				Mailing Address (if different than home address.)	
City <u>St Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
<p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input checked="" type="checkbox"/> <u>Primary</u> <input type="checkbox"/> Non-partisan</p>				
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility:</p>				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-6-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name Inman	First Name William	Middle Name Austin	[Redacted]	
Home Address (NC Residential Address.) 2868 Grimsley farm Rd		Mailing Address (if different than home address.) 2868 Grimsley farm Rd		
City Bladenboro	State NC	Zip Code 28320	City Bladenboro	State NC
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen		
If "No," indicate the date of your move: 1/1/11		Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number XX SSN XX		Registration No.	Phone	RECEIVED MAR 27 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 2868 Grimsley farm Rd		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (or Requestor)	OR Signature of Near Relative/Legal Guardian (if applicable)
22-22-2018	X
Date	Date

Go to www.bladenco.org to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 2182 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

201
W

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>PITTMAN</u>	First Name <u>KAYLA</u>	Middle Name <u>BETH</u>
Home Address (NC Residential Address.) <u>1200 SOUTH MAIN STREET</u>		Mailing Address (If different than home address.)
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Registration No. Optional
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law			
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
TIME REC'D BY BLADEN CO. BD. OF ELECTIONS				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

07/07/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Moody</u>		First Name <u>HAL</u>		Middle Name <u>Wayne</u>	
Home Address (NC Residential Address.) <u>8580 NC Hwy 242 Hwy N</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <u>X</u>		Voter Registration No. <u>000038414</u>		Phone (optional)	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>8580 NC Hwy 242 N</u>		City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed by a corporation)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

RECEIVED

OCT 22 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/17/18
Date

X
Date



EXHIBIT 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 2184 of 2658 15

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Still</u>	First Name <u>David</u>	Middle Name <u>Donald</u>
Home Address (NC Residential Address.) <u>3727 center Rds.</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number _____ SSN _____		Registration No. _____ Optional
Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-7-2018
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Hunt</u>		First Name <u>Simmy</u>		Middle Name [REDACTED]	
Home Address (NC Residential Address.) <u>209 Marshall Rd Apt 25</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: [REDACTED]				Previous Name (if applicable)	
You must provide at least one identification [REDACTED] <input checked="" type="checkbox"/> [REDACTED] <input type="checkbox"/>				Voter Registration No. Optional	Phone (optional)
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-15-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 2186 of 2658

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Hunt</u>	First Name <u>Simmy</u>	Middle Name
Home Address (NC Residential Address.) <u>209 Mercer Mill Rd Apt 25</u>		Mailing Address (If different than home address.)
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number (NC License or ID Number, ISSN, etc.)		Phone (optional)
[Redacted]		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 10 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/9/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Hammond</u>		First Name <u>SAMANTHA</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>604 WEBB-FRAULK Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)
☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-30-18X

Date

Date



State Absentee Ballot Request Form

North Carolina

EXHIBIT A-2.3.1.2

RECEIVED

MAR 13 2018

TO: Bladen County Board of Elections 2188 of 2658

512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Hammond	SAMANTHA	L	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
604 WEBB-Faulk Rd			
City	State	Zip Code	City
Bladenboro	NC	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number	SSN		Email (optional)
	XX		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

12/15/17 X
Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name TOWNSEND	First Name BOBBY	Middle Name GLEN	Suffix [REDACTED]
Home Address (NC Residential Address.) 161 BATTLES DR.		Mailing Address (if different than home address.) [REDACTED]	
City GARLAND	State NC	Zip Code 28441	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Garland	Previous Name (if applicable) [REDACTED]
If "No," indicate the date of your move: [REDACTED]		Voter Registration No. [REDACTED]	Phone (optional) [REDACTED]
You must provide at least one identification NC License or ID Number [REDACTED]		Email (optional) [REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 161 Battles Dr.	City Garland	State NC	Zip Code 28441
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: [REDACTED]			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name [REDACTED]	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address [REDACTED]	Name of Corporation (if appointed legal guardian) [REDACTED]		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]
			Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address [REDACTED]

Signature of Near Relative/Guardian (if applicable) [REDACTED]	Date 2/19/2018
--	--------------------------

visit www.ncsbe.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

RECEIVED**AUG 17 2018**

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Elec

Voter Information

Last Name <u>McKiven</u>		First Name <u>Ashley</u>		Middle Name <u>Sade'</u>	
Home Address (NC Residential Address.) <u>204 Waight St Apt # 27</u>				Mailing Address (If different than home address.) <u>same</u>	
City <u>Elizabethtown</u>		State <u>N.C</u>	Zip Code <u>28337</u>	City <u>same</u>	State <u>same</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>				Voter Registration No. Optional	
				Phone (optional)	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>204 Waight St Apt # 27</u>			City <u>Elizabethtown</u>	State <u>N.C</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-20-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 2191 of 2658

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>McKinn</u>		First Name <u>Ashley</u>		Middle Name <u>Sadie</u>	
Home Address (NC Residential Address.) <u>201 Wright St Apt 27</u>				Mailing Address (If different than home address.) <u>Same</u>	
City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City <u>Same</u>	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable) <u>Same</u>		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

RECEIVED
APR 10 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

APR 9, 2018 X
Date

Date



State Absentee Ballot Request Form

North Carolina

AUG 17 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Edge</u>		First Name <u>Patricia</u>	Middle Name <u>A</u>
Home Address (NC Residential Address.) <u>209 Meron Mill Rd 25</u>		Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move:		Voter Registration No. Optional	Phone (optional)
You must provide at least one identification SSN <u>[REDACTED]</u>		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> son-in-law	<input type="checkbox"/> brother/sister <input type="checkbox"/> grandchild <input type="checkbox"/> daughter-in-law	<input type="checkbox"/> parent <input type="checkbox"/> stepchild <input type="checkbox"/> legal guardian	<input type="checkbox"/> grandparent <input type="checkbox"/> mother-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only)
Current Address (Address where you are currently stationed or living overseas.)	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

 7-18-18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

AUG 17 2018

 TIME REC'D BY
 BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Ele

Voter Information

Last Name <u>Wicks</u>		First Name <u>Paulette</u>		Middle Name [REDACTED]	
Home Address (NC Residential Address.) <u>209 Mercer Mill Rd Apt</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> [REDACTED] SSN <input checked="" type="checkbox"/> [REDACTED]			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 2194 of 2658

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Wilds</u>		First Name <u>Paulette</u>		Middle Name	
Home Address (NC Residential Address.) <u>209 Mercer Mill Rd Apt 2L</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC LI <u>[REDACTED]</u> X <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 10 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/9/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

RECEIVED

OCT 03 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	State
Beasley	Geneva	Sue Ann	[REDACTED]
Home Address (NC Residential Address)		Mailing Address (If different than home address.)	
641 Smith Cir Apt 26		[REDACTED]	
City	State	Zip Code	
Elizabethtown	NC	28337	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
		Bladen	
If "No," indicate the date of your move: _____		Previous Name (if applicable)	
You must provide at least one identification number (NC license or ID Number)		Registration No.	Phone (optional)
SSN X X X			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
641 Smith Circle, #26		Elizabethtown	NC	28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-15-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Beasley</u>	First Name <u>Geneva</u>	Middle Name <u>Sueann</u>			
Home Address (NC Residential Address.) <u>641 Smith Cir Apt 26</u>		Mailing Address (If different than home address.) <u>641 Smith Cir Apt. 26</u>			
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number SSN <u>XX</u>			Registration No.	Phone (optional)	Email (optional) RECEIVED APR 23 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>641 Smith Cir Apt 26</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-16-18X

Date

Date



State Absentee Ballot Request Form

North Carolina

AUG 17 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Campbell</u>		First Name <u>Sylvester</u>		Middle Name <u>M</u>	
Home Address (NC Residential Address.) <u>401 Quial St</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, State ID, etc.)			Voter Registration No. (Optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-21-18

Date

X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 2198 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election*

Voter Information

Last Name <u>Morris</u>		First Name <u>Sandy</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>10898 S College St Apt 47A</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>[REDACTED]</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number: NC License or ID Number <u>X</u> SSN <u>X</u>		Voter Registration No. Optional <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>	Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Near Relative/Legal Guardian (if applicable)

9/6/18
DateX

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Gomes</u>		First Name <u>Alexander</u>		Middle Name <u>D.</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>10898 S College St. Apt. 36</u>				Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City [REDACTED]		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification number (NC License or ID Number) [REDACTED]			Voter Registration No. [REDACTED]		
[REDACTED]			Phone (optional)		
[REDACTED]			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-29-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>DUDLEY</u>		First Name <u>TREVOR</u>		Middle Name <u>O</u>	
Home Address (NC Residential Address.) <u>1009 MOUTRIE LANE</u>				Mailing Address (if different than home address.) <u>SAME</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>SAME</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable)		
You must provide at least one identification number NC License <u>[REDACTED]</u>			Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1009 MOUTRIE LANE</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-18-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Gause</u>		First Name <u>Lorne</u>		Middle Name <u>Phillip</u>	
Home Address (NC Residential Address.) <u>85 Marvin Hammond Dr.</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC License, Driver's License, etc.)			Voter Registration No. (Optional)		
[Redacted]			Phone (optional)		
[Redacted]			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/10/18
Date

X
Date

USE THIS APPLICATION TO VOTE-BY-MAIL

2202 of 2638



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: mid term on Nov 6 18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name DIAZ		First Name GINA		Middle Name MARIE	Suffix W
Home Address (NC Residential Address.) 700 MERCER MILL RD., APT. 4A				Mailing Address (If different than home address.) same	
City ELIZABETHTOWN	State NC	Zip Code 28337		City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence BLADEN	
If "No," indicate the date of your move:				Previous Name (if applicable) Gina M. Atkinson	
You must provide at least one identification NC License or ID Number				Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 700 Mercer Mill Rd Unit 4A		City Elizabeth town	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name N/A		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if applicable) legal guardian		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED RECEIVED
OCT 12 2018 OCT 12 2018
TIME REC'D BY TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) N/A		Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable)

X

Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

p. 40

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Black</u>		First Name <u>Jessica</u>		Middle Name <u>M</u>	
Home Address (NC Residential Address.) <u>21 Holland Ave Lot 4</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u> Optional		
			Phone (optional)		Email (optional)

RECEIVED

OCT 15 2013

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-4-18
Date

X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

2204 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Swindell</u>		First Name <u>Delores</u>		Middle Name <u>Michelle</u>	
Home Address (NC Residential Address.) <u>419 Elizabethtown Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>		Voter Registration No. <input type="checkbox"/>		Phone (optional) <input type="checkbox"/>	
				Email (optional) <input type="checkbox"/>	

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
RECEIVED OCT 15 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9/1/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED**SEP 21 2018**

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name CARMONA		First Name LOKI		Middle Name A	
Home Address (NC Residential Address.) 46 White Farm Ln				Mailing Address (If different than home address.)	
City Bladenboro	State N.C.	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)
If "No," indicate the date of your move:			Voter Registration No. Optional		Phone (optional)
You must provide at least one identification number NC [REDACTED]			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-23-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

MAR 13 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Carmona</u>	First Name <u>Lori</u>	Middle Name <u>Ann</u>
Home Address (NC Residential Address.) <u>303 Pecan St. Apt. 9E</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28330</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number NC <u>[REDACTED]</u>		Phone Registration No. (optional)
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>	City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-12-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Autry</u>	First Name <u>Jeffrey</u>	Middle Name <u>Wayne</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>303 Pecan Dr. Apt. 3C</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28330</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <u>[REDACTED]</u>		County of Residence <u>[REDACTED]</u>	Previous Name (if applicable) RECEIVED APR 12 2018
If "No," indicate the date of your move: <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>	Email (optional) <u>[REDACTED]</u>
You must provide at least one identification number (NC ID, Driver's License, etc.) <u>[REDACTED]</u>		TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/5/18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name GROSS	First Name BREANN	Middle Name W	Suffix
Home Address (NC Residential Address.) 950 Bethel church rd		Mailing Address (if different than home address.)	
City TARHEEL	State N.C.	Zip Code 28392	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____			
You must provide at least one identification number below. (or see instructions) NC [REDACTED] X X - X [REDACTED]		Voter Registration No. [REDACTED]	Phone (optional) [REDACTED]
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 557	City DUBLIN	State N.C.	Zip Code 28332
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)
☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

1/7/18

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

70

TIME REC'D BY

BLADEN COUNTY BOARD OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Elec

Voter Information

Last Name Riley		First Name Nathan		Middle Name Bay	
Home Address (NC Residential Address.) 6842 Old Fayetteville Road				Mailing Address (If different than home address.)	
City Garland	State NC	Zip Code 28441	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)
If "No," indicate the date of your move:			Voter Registration No. Optional		Phone (optional)
You must provide at least one identification SSN [Redacted] X			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 6842 Old Fayetteville Road		City Garland	State NC	Zip Code 28441
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

**State Absentee Ballot Request Form**
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Nucci</u>	First Name <u>Nathaniel</u>	Middle Name <u>Paul</u>	Suffix [Redacted]
Home Address (NC Residential Address.) <u>4447 Old A660 Htsburg Rd</u>		Mailing Address (if different than home address.) [Redacted]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City [Redacted]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence [Redacted]	
If "No," indicate the date of your move: <u>1-1</u>		Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Registration No.	Phone (optional)
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 662</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

BY
ELECTIONS12-18-18
Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

**State Absentee Ballot Request Form**North Carolina
BLADEN COUNTYTO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
*Election Type (Primary, General, Municipal, Special, etc.) Election Date***Voter Information**

Last Name NUCCI		First Name NATHANIAL		Middle Name PAUL	
Home Address (NC Residential Address.) 4447 OLD ABBOTTSBURG RD				Mailing Address (If different than home address.) PO BOX 662	
City BLADENBORO	State NC	Zip Code 28320	City BLADENBORO	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: <u> / / </u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u> </u> SSN <u> </u>		Voter Registration No. 00000058729		Phone (optional) 	
				Email (optional) 	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 662</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: 				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)4-1-2018
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Elec

Voter Information					
Last Name	First Name	Middle Name			
Mabe	Jeremiah	Vance			
Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
264 Fourth St			PO Box 476		
City	State	Zip Code	City	State	Zip Code
Dublin	NC	28332	Dublin	NC	28332
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?)		City	State
P.O. Box 476		Dublin	NC
Zip Code		28332	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

02-2-18 X

Date

Date



State Absentee Ballot Request Form
North Carolina

AUG 17 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337
PHONE: 910-862-6951
bladen.boe@ncsbe.gov

Mailing Address
2213 of 2658
PO Box 512
Elizabethtown

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Branch</u>	First Name <u>Jessica</u>	Middle Name <u>A</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>33 Harrelson RD</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - X</u>		Voter Registration No. <u>00000</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Sign X Signature of Near Relative/Legal Guardian (if applicable) X
Date 8-12-18 Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

2214 of 2658

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
McLauchlin	MARCFUS	R	
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)	
210 Fourth St			
City	State	Zip Code	City
Dublin	NC	28332	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: 1/1		Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Registration No.	Phone (optional)
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
P.O. Box 572		Dublin	N.C.	28332
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

12-17-17 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit A, 23.1.2

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

2215 of 2658

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-19
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Willoughby</u>		First Name <u>Blake</u>		Middle Name <u>Matthew</u>		Suffix
Home Address (NC Residential Address.) <u>1894 Hwy 701 South</u>				Mailing Address (If different than home address.) <u>PO Box 2401</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1</u>						
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		Phone (optional)	
NC License or ID Number <u>XX</u>					Email (optional)	

RECEIVED

APR 03 2019

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/31/2018 3/31/2018
Date Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

FRAUDULENTLY OR FALSIFYING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Elec

Voter Information

Last Name <u>Gilleland</u>		First Name <u>William</u>		Middle Name <u>e</u>	
Home Address (NC Residential Address.) <u>32 Womack Way</u>				Mailing Address (If different than home address.)	
City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification: NC License or ID Number			Voter Registration No. Optional		
SSN			Phone (optional)		
X			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 2217 of 2658

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Evans</u>		First Name <u>Sheila</u>		Middle Name <u>Beth</u>	
Home Address (NC Residential Address.) <u>241 Wright St Apt 23</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN <u>X X</u>	Registration No. Optional	Phone (optional) <u>910</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 11 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/9/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

RECEIVED
MAR 13 2018

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME REC'D BY PHONE: 910-862-6951
BLADEN CO. BO OF ELECTIONS elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bell</u>	First Name <u>PATRICIA</u>	Middle Name <u>ANN</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>20 Freedom Bunch RD</u>		Mailing Address (If different than home address.) <u>PO Box 547</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>[REDACTED]</u>		Water Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
You must provide at least one identification number <u>[REDACTED]</u>		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 547</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
[REDACTED]

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address
[REDACTED]

Signature of Near Relative/Legal Guardian (if applicable)

1-14-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951

elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Cain	First Name Betty	Middle Name Hyatt	Suffix	Date of Birth
Home Address (NC Residential Address.) 83 Heritage Trl			Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	
If "No," indicate the date of your move:			Previous Name (if applicable)	
You must provide at least one identification number (NC LI)			Registration No.	Phone (optional)
X				Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 83 Heritage Trl		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1-15-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections of 2018
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

1.2
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name <u>Reed</u>		First Name <u>John</u>		Middle Name <u>Dalton</u>		Suffix	
Home Address (NC Residential Address.) <u>10075 NC HWP 131 Unit 1</u>				Mailing Address (If different than home address.)			
City <u>Bladenboro</u>		State <u>N.C.</u>	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>				APR 09 2018			
You must provide at least one identification number below. (or see instructions)				Voter Registration Number			
NC License or ID Number		SSN	TIME		Phone (optional)		Email (optional)
<u>XX</u>		<u> </u>	BLADEN CO. BD. OF ELECTIONS				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)				State		Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.							
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name				Relationship			
(First) (Middle) (Last) (Suffix)				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
				<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
				<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address				Name of Corporation (if appointed legal guardian)			
City				State	Zip Code	Requestor's Phone	
						Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

4/5/18
Date

X

Date

Go to www.bladenco.org to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

TIME: 10:00 AM
RECEIVED BY:
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on May 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Nance</u>		First Name <u>Thomas</u>		Middle Name <u>Eleny</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>371 Berry Lewis Rd</u>				Mailing Address (If different than home address.) <u>203 Kelly St</u>			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>				Voter Registration No. <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>	
You must provide at least one identification number below. (or see instructions) NC <u>[REDACTED]</u> <u>XX - XX</u> <u>[REDACTED]</u>				Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>203 Kelly St</u>		City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-28-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Pridgen</u>		First Name <u>Subrina</u>		Middle Name <u>A</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>212 Medcum Dr</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification number (NC ID, Driver's License, etc.) [REDACTED] X			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1744</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)
☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-13-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 2223 of 2658

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Montgomery</u>		First Name <u>Therman</u>		Middle Name	
Home Address (NC Residential Address) <u>9 Clyde Hatcher Rd</u>				Mailing Address (if different than home address.)	
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC ID <u>[REDACTED]</u> X <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 10 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely
 Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)
Fax Number or Email Address

☐ Mail ☐ Fax ☐ Email

Signature of Near Relative/Legal Guardian (if applicable)

4/9/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>BARR</u>		First Name <u>Joseph</u>		Middle Name <u>A</u>	SSN [REDACTED]	
Home Address (NC Residential Address.) <u>236 White Plains Church Rd</u>				Mailing Address (if different than home address.) [REDACTED]		
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>			County of Residence		Previous Name (if applicable)	
You must provide at least one identification number below (see instructions) NC License or ID Number <u>XX X</u>			SSN [REDACTED]		Voter Registration No. <u>910 991-5692</u>	
			Phone (optional)		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 15 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10/13/18 X

Date

Date

ov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 13 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME REC'D BY
BLADEN CO. BO OF ELECTIONS

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>BLANKS</u>	First Name <u>Amber</u>	Middle Name <u>B</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>219 GASTON DR</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>[REDACTED]</u>			
You must provide at least one identification number (NC Driver's License, NC ID Card, or US Passport) <u>[REDACTED]</u>		Voter Registration No. (Optional)	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5/21/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: **GENERAL ELECTION** on **NOVEMBER 6, 2018**
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Williams	First Name Destiny	Middle Name Linda	Suffix [REDACTED]
Home Address (NC Residential Address.) 4022 Peanut Plant Rd		Mailing Address (If different than home address.) [REDACTED]	
City Elizabethtown	State NC	Zip Code 28337	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: [REDACTED]			
You must provide at least one identification number (NC License or ID Number) [REDACTED] X		Driver Registration No. (Optional)	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 4022 Peanut Plant Rd		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

08/28/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name NEWKIRK		First Name Julius		Middle Name ALLEN	Suffix [REDACTED]
Home Address (NC Residential Address.) 409 Hightwood Knot Road				Mailing Address (If different than home address.) [REDACTED]	
City Kelly	State N.C.	Zip Code 28448	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]			[REDACTED]		
You must provide at least one identification number: NC License or ID Number [REDACTED] SSN [REDACTED]			Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 15 2018

REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-13-18X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name JOHNSON		First Name RUBY		Middle Name ERLEN	
Home Address (NC Residential Address.) 227 ROUND BRANCH RD.				Mailing Address (If different than home address.) 225 Round Branch Rd	
City BLADENBORO	State NC	Zip Code 28320	City Bladenboro	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number [REDACTED]			Voter Registration No. [REDACTED]		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	Zip Code
<p>If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.</p> <p><input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p>			
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility: _____</p>			
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X

Date

registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Robinson</u>		First Name <u>Anthony</u>		Middle Name <u>Randolph</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>23 Stonewall Drive</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>			
City <u>Dublin</u>		State <u>NC</u>	Zip Code <u>28332</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>[REDACTED]</u>							
You must provide at least one identification number NC <u>[REDACTED]</u>				Voter Registration No. Optional		Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1233</u>		City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>Mackenzie Edge Robinson</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>23 Stonewall Drive</u>		Name of Corporation (if appointed legal guardian)			
City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

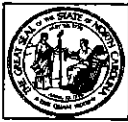
Signature of Near Relative/Legal Guardian (if applicable)

X Mackenzie Edge Robinson 1-25-18

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name CARRINGTON		First Name MAXINE		Middle Name K	Suffix [REDACTED]
Home Address (NC Residential Address.) PO BOX 64				Mailing Address (If different than home address.) [REDACTED]	
City KELLY	State NC	Zip Code 28448		City [REDACTED]	State [REDACTED]
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: [REDACTED]				County of Residence Bladen	
You must provide at least one identifier: [REDACTED]				Voter Registration No. [REDACTED]	Phone (optional) [REDACTED]
				Email (optional) [REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO Box 64 Kelly, N.C.		City Kelly	State NC	Zip Code 28448
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address City State Zip Code		Name of Corporation (If appointed legal guardian) Requestor's Phone Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable)

Oct 3, 2018 X
Date

Date

to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>LEE</u>	First Name <u>Sharla</u>	Middle Name <u>M</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>1320 Murray Haywood Rd.</u>		Mailing Address (If different than home address.)	
City <u>Evergreen</u>	State <u>NC</u>	Zip Code <u>28438</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move:		Driver Registration No. Optional	Phone (optional)
You must provide at least one identification number (NC Driver's License, State ID, etc.)		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1320 Murray Haywood Rd.</u>		City <u>Evergreen</u>	State <u>NC</u>	Zip Code <u>28438</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently residing (military or overseas.))

RECEIVED

MAR 26 2018

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

BY
ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

1-22-18
Date

Date

202



State Absentee Ballot Request Form

North Carolina

MAR 14 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Resudiz</u>	First Name <u>Ashley</u>	Middle Name <u>Loren</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>116 Britt St.</u>		Mailing Address (If different than home address.) [REDACTED]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____			
Voter Registration No. [REDACTED] [REDACTED] X X X - X X [REDACTED]		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 743</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother /sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-12-18
Date

X
Date



NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information					
Last Name <u>SHAW</u>		First Name <u>Jeffrey</u>		Middle Name	
Home Address (NC Residential Address.) <u>599 MAYSVILLE LN</u>			Mailing Address (If different than home address.)		
City <u>Tarheel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/>		Voter Registration No. Optional		Phone (optional)	
				Email (optional)	

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 458</u>		City <u>Tarheel</u>	State <u>NC</u>
		Zip Code <u>28392</u>	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)	
<u>4/11/18</u> X	Date

Check your voter registration or absentee voting status.

P-15



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Miranda</u>		First Name <u>Alejandro</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>118 twisted victory rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Voter Registration No.		Phone	Email

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 204</u>		City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28392</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

OR Signature of Near Relative/Legal Guardian (if applicable)

0-3-17
Date

X

Date

Go to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name <u>Resendiz</u>	First Name <u>AUSTIN</u>	Middle Name <u>W.</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>27 Belthel church RD</u>		Mailing Address (If different than home address.) <u>PO BOX 743</u>	
City <u>BURLIN</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>[REDACTED]</u>		Previous Name (if applicable)	
You must provide at least one identification number <u>[REDACTED]</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 743</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
APR 20 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/17/18 X
Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name ROZIER	First Name ROOSEVELT	Middle Name	Suffix
Home Address (NC Residential Address.) 5944 CHICKENFOOT RD.		Mailing Address (If different than home address.)	
City SAINT PAULS	State NC	Zip Code 28384	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)	
You must provide at least one identification NC License or ID Number [REDACTED]		Voter Registration No. [REDACTED]	Phone (optional) [REDACTED]
		Email (optional) [REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 5944 Chickenfoot Road		City St. Pauls	State NC	Zip Code 28384
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name [REDACTED]		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address [REDACTED]		Name of Corporation (If applicable, list name and address)		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]

RECEIVED

OCT 11 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address [REDACTED]	

Signature of Near Relative/Guardian (if applicable) [REDACTED]	Date 10/6/2018
--	--------------------------

CSBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name REESE	First Name SANDRA	Middle Name PAGE	Suffix [REDACTED]
Home Address (NC Residential Address.) 5944 CHICKENFOOT RD.		Mailing Address (If different than home address.) [REDACTED]	
City SAINT PAULS	State NC	Zip Code 28384	City [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable) [REDACTED]	
You must provide at least one identification NC License or ID Number [REDACTED]		Voter Registration No. [REDACTED]	Phone (optional) [REDACTED]
		Email (optional) [REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 5944 Chickenfoot Road		City St. Pauls	State NC	Zip Code 28384
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name [REDACTED]		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> sister-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address [REDACTED]		Name of Corporation (if appointed legal guardian) [REDACTED]		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address [REDACTED]	

Signature of Near Relative/Guardian (if applicable) [REDACTED]	Date 10/6/18
--	------------------------

visit www.ncsbe.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Taylor</u>		First Name <u>Amber</u>		Middle Name	State
Home Address (NC Residential Address.) <u>1746 Pleasant Grove Church Rd.</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Registration No.	Phone	Email
<u>X X</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature <u>X</u>	OR <u>2-10-18</u>	Signature of Near Relative/Legal Guardian (if applicable)
Date	Date	Date

CSBE.gov to check your voter registration or absentee voting status.



Statewide Absentee Ballot Request Form

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>FIELDS</u>		First Name <u>Sheena</u>		Middle Name <u>Anne</u>	
Home Address (NC Residential Address.) <u>17233 NC 131 Hwy</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <u>[REDACTED]</u>			Voter Registration No. Optional <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>
			Email (optional) <u>[REDACTED]</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1211</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature <u>[REDACTED]</u>	Signature of Near Relative/Guardian (If applicable) <u>X</u>
Date <u>4/17/18</u>	Date <u> </u>



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>HALL</u>		First Name <u>JUSTIN</u>		Middle Name	
Home Address (NC Residential Address.) <u>6131 N.C. 211 WEST</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2/25/18 x
Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL

on

11/06/2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name KINDRED	First Name WILLIAM	Middle Name ALLEN	Suffix	Date of Birth
Home Address (NC Residential Address.) PO BOX 201		Mailing Address (If different than home address.)		
City WHITE OAK	State NC	Zip Code 28399	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification		Voter Registration No.		
		Phone (optional) Email (optional)		
		TIME REC'D BY		
		BLADEN CO. BD. OF ELECTIONS		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. BOX 201		City WHITE OAK	State N.C.	Zip Code 28399
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)
<u>10/14/18</u> X
Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name Shaw		First Name Shavon		Middle Name Lee	
Home Address (NC Residential Address.) 11409 NC Hwy 211 W				Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City		State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification _____			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-24-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Shaw	First Name Shavon	Middle Name Lee	Suffix [REDACTED]
Home Address (NC Residential Address.) 11609 Buss Hwy 211		Mailing Address (if different than home address.)	
City Bladenboro	State N.C.	Zip Code 28320	
Have you lived at this address for more than 30 days? [REDACTED]		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move:			
You must provide at least one identification number (NC ID, Driver's License, etc.) [REDACTED]		voter Registration No. Optional	Phone (Optional) (State Optional) RECEIVED APR 12 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) same as above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-29-18 X

Date

Date



Exhibit 4.2.3.1.2
State Absentee Ballot Request Form
North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

2244 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P 501

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Matheson</u>	First Name <u>Tabitha</u>	Middle Name <u>Rae</u>			
Home Address (NC Residential Address.) <u>2008 1105 Bullard St</u>			Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City	RECEIVED OCT 15 2018	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Anderson</u>		First Name <u>Jonathan</u>		Middle Name <u>A</u>	
Home Address (NC Residential Address.) <u>3277 US HWY 701 South</u>				Mailing Address (If different than home address.)	
City <u>Clarkston</u>		State <u>NC</u>	Zip Code <u>28433</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Previous Name (if applicable)	
If "No," indicate the date of your move:				Voter Registration No. Optional	
You must provide at least one identification NC License or ID Number				Phone (optional)	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
<p>If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference BY <u>LIBERTARIAN</u></p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan</p>				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-31-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name CAMACHO		First Name CLAUDIA		Middle Name J	
Home Address (NC Residential Address.) 128 GRAYS LN				Mailing Address (if different than home address.)	
City ELIZABETHTOWN	State NC	Zip Code 28337	City		State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move:			Voter Registration No. Optional		
You must provide at least one identification			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME		City	State	Zip Code
<p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian</p> <p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility:</p>				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p> <p>Requestor's Name</p> <p><input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent</p> <p><input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law</p> <p><input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian</p>				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 04 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

2247 of 2658

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Voter Information

Last Name <u>Roy</u>		First Name <u>Stephanic</u>		Middle Name [REDACTED]	
Home Address (NC Residential Address.) <u>206 Butler Mill Rd</u>				Mailing Address (if different than home address.) [REDACTED]	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City [REDACTED]	State [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable) [REDACTED]	
If "No," indicate the date of your move: [REDACTED]		Voter Registration No. Optional [REDACTED]		Phone (optional) [REDACTED]	Email (optional) [REDACTED]
You must provide at least one identification NC License or ID Number [REDACTED]					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address [REDACTED]		Name of Corporation (if appointed legal guardian) [REDACTED]		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address [REDACTED]	

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Payis</u>		First Name <u>Jerrad</u>		Middle Name <u>Ashton</u>	
Home Address (NC Residential Address) <u>239 Bladenboro Airport Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: _____					
You must provide at least one identification number NC License or ID Number <u>[REDACTED]</u>		Voter Registration No. Optional		Phone (optional)	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-5-18
Date

X
Date

KH



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 22 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Doyle</u>		First Name <u>Briana</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>1357 Tar Heel Rd.</u>				Mailing Address (If different than home address.)	
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (Optional)			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

6/26/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Doyle</u>		First Name <u>Brianna</u>		Middle Name <u>Autumn</u>		S	
Home Address (NC Residential Address.) <u>1357 Tar Heel Rd.</u>				Mailing Address (If different than home address.)			
City <u>Tar Heel</u>		State <u>NC</u>	Zip Code <u>28392</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>				Registration No.		Phone	Email
You must provide at least one identification number: NC License or ID Number		SSN					
X		X					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as Above</u>		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

OR Signature of Near Relative/Legal Guardian (if applicable)

02/10/18

X

Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

May 08-2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Hester</u>		First Name <u>Aram</u>		Middle Name <u>Corey</u>	
Home Address (NC Residential Address.) <u>401 Anne St</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable) <u>MAR 27 2018</u>	
If "No," indicate the date of your move:			Registration No. Optional	Phone (optional)	REC'D BY BLADEN CO. BO. OF ELECTIONS Email (optional)
You must provide at least one identification number NC License or ID Number SSN					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother /sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
(Military/Overseas Voters Only)
☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY**RECEIVED**

OCT 03 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337(910) 862-6951
elections@bladenco.org

(910) 862-7820

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKenna</u>	First Name <u>Hunter</u>	Middle Name <u>Blaine</u>	State <u>NC</u>		Zip Code <u>28320</u>
Home Address (NC Residential Address.) <u>134 Juniper St</u>			Mailing Address (if different than home address.) <u>P.O. 414</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XX XX</u>			Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. 414</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-7-18

X

Date

Date

Go to www.bladenco.org to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Thomas</u>		First Name <u>Diamond</u>		Middle Name <u>T</u>	
Home Address (NC Residential Address.) <u>139 Grabe Johnson Dr.</u>				Mailing Address (If different than home address.) <u>PO BOX 2834</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable)		
You must provide at least one identification number NC ID <u>[REDACTED]</u> <input checked="" type="checkbox"/>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

08/27/18

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Campbell</u>		First Name <u>Ty' RESE</u>		Middle Name <u>EARL</u>	
Home Address (NC Residential Address.) <u>133 White Plains Church Rd</u>				Mailing Address (If different than home address.)	
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN <u>X X X</u>	Registration No.	Phone (optional) <u>918-7680</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 10 2018

TIME <u>10:00</u> REC'D BY <u>Bladen County Board of Elections</u>	
For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10/9/18 X
Date

Date

Go to [www.bladen.org](#) to check your voter registration or absentee voting status.

10

Exhibit 4.2.3.1.2

2255 of 2658



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Hunt		First Name Nancy		Middle Name E.F.	Suffix
Home Address (NC Residential Address.) 1185 Bummy Rd				Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC ID Number, or Social Security Number)			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

507/2117 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 2256 of 2058 P 60

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Grimmsley</u>	First Name <u>Brandon</u>	Middle Name <u>Lee</u>
Home Address (NC Residential Address.) <u>3065 NC Hwy 20</u>		Mailing Address (If different than home address.)
City <u>Saint Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)
You must provide at least one identification NC License or ID Number <u>[REDACTED]</u>		Voter Registration No. Optional
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in voting your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>Linda Grimmsley</u> Requestor's Address <u>3065 NC Hwy 20</u> City <u>Saint Pauls</u> State <u>NC</u> Zip Code <u>28384</u>				
<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Name of Corporation (if appointed legal guardian)				
Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

[Signature] 8-2-18
Date



State Absentee Ballot Request Form

North Carolina

2257 of 2658

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Fields</u>	First Name <u>Cameron</u>	Middle Name <u>Khalil</u>
Home Address (NC Residential Address.) <u>1171 Graham Rd</u>		Mailing Address (if different than home address.)
City <u>Riegelwood</u>	State <u>Nc</u>	Zip Code <u>28456</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions)		Voter Registration No.
SSN <u>XX</u>		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1171 Graham Rd</u>		State <u>Nc</u>	Zip Code <u>28456</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

RECEIVED

OCT 03 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

X

Date

Date

Go to [www.bladenco.org](#) to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

Bladen County Board of Elections
PO BOX 511
Elizabethtown NC 28337
PHONE: 910-362-6951 FAX: 910-362-7820
elections@bladenco.org

2258 of 2658

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Goyton		First Name Chelsea		Middle Name Elizabeth		Suffix [REDACTED]	
Home Address (NC Residential Address.) 65 Kelly Street				Mailing Address (If different than home address.) [REDACTED]			
City Bladenboro		State NC	Zip Code 28320	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: 1/1				County of Residence		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/> [REDACTED]				Voter Registration No.		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)				City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian							
Requestor's Address				Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email	

RECEIVED

APR 10 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

4/9/18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. SO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

501

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Kinlaw</u>	First Name <u>Santanna</u>	Middle Name <u>M</u>
Home Address (NC Residential Address.) <u>1028 Horseshoe Rd</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28330</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification		Voter Registration No.
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only)
Current Address (Address where you are currently stationed or living overseas.)	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
	Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

12/6/06/14 X
Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2



State Absentee Ballot Request Form North Carolina

OCT 05 2010

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name

HOGAN

First Name

SHAMIR

Middle Name

MALIK

Suffix

Home Address (NC Residential Address.)

PO BOX 1004

Mailing Address (If different than home address.)

City

WHITEVILLE

State

NC

Zip Code

28472

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: 1/1

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification number below (optional)

NC License or ID Number

SSN

X

Registration No.

Optional

Phone (optional)

Email (optional)

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother /sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-1-18 X

Date

Date

SBE.gov to check your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



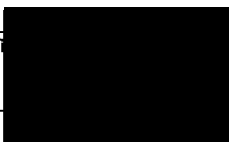

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Simpson</u>		First Name <u>Tania</u>		Middle Name <u>Danyel</u>		Suffix 	
Home Address (NC Residential Address.) <u>294 Kennedy Store rd</u>				Mailing Address (If different than home address.)			
City <u>Riegelwood</u>		State <u>NC</u>	Zip Code <u>28456</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>							
You must provide at least one identification number below. (or see NC License or ID Number)				Voter Registration No. Optional		Phone (optional)	
SSN <u>X X X - X X -</u>						Email (optional)	

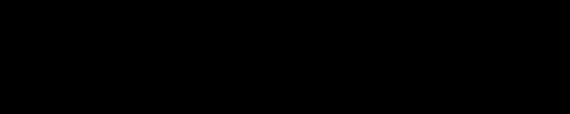
Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone <u>(910) 408-9972</u>	Requestor's Email	RECEIVED OCT 22 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)



10-17-18

Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Out



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Pearson</u>		First Name <u>Nigeria</u>		Middle Name <u>S</u>	
Home Address (NC Residential Address.) <u>310 G. Hill St</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)
<u>X</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/15/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Hewett		First Name Shelley		Middle Name Denise	Suffix [REDACTED]
Home Address (NC Residential Address.) 303 Pecan St Apt #16				Mailing Address (if different than home address.) [REDACTED]	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence bladen		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification number: [REDACTED]			oter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-2-18

Date

X

Date



State Absentee Ballot Request

North Carolina

RECEIVED
MAR 13 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hewitt</u>	First Name <u>Shelley</u>	Middle Name <u>D</u>	S [REDACTED]
Home Address (NC Residential Address.) <u>303 PERMAN ST APT 1G</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move:		Previous Name (if applicable)	
You must provide at least one identification [REDACTED]		Voter Registration No.	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X 16-4-17

Date



NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723
elections.sboe@ncsbe.gov

FAX: 919-715-0135

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General Election on Nov. 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hewitt</u>		First Name <u>Gloria</u>		Middle Name <u>O</u>	Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>1105 Able St.</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1</u>			Voter Registration No.		Phone (optional) Email (optional)	
You must provide at least one identification NC License or ID Number <u>X</u> SSN <u>[REDACTED]</u>						

RECEIVED

OCT 10 2018

TIME 10:00 REC'D BY BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>[REDACTED]</u>		City <u>Bladen</u>		State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian)			
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address	

Sign X

Signature of Near Relative/Guardian (if applicable)

10-8-18
Date

X
Date

10

Exhibit 4.2.3.1.2

2267 of 2658



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary on 5-9-17
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name Erzell		First Name Christy		Middle Name	
Home Address (NC Residential Address.) 16762 Twisted Hickory Rd.				Mailing Address (If different than home address.)	
City Clarkton	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move:			Voter Registration No. Optional		Phone (optional)
You must provide at least one identification [Redacted]			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/1/17

X

Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General

on NOV 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>BRISSON</u>		First Name <u>DAWSON</u>		Middle Name <u>Cole</u>	
Home Address (NC Residential Address.) <u>61 Brisson RD</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>N.C</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification SSN <u>X</u>			Voter Registration No. <u>00000059890</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>61 Brisson RD</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-16-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on May 3 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Beyor</u>	First Name <u>Chianne</u>	Middle Name <u>Lynn</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>1544 Pleasant Grove Church Road</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u> / / </u>			
You must provide at least one identification number below. (For see instructions) NC License or ID Number <u>XX [REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u>	Phone <u>910-862-4446</u> Email <u>cbeyor173@gmail.com</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>[REDACTED]</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter <u>[REDACTED]</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u>
Date <u>2-28-18</u>	Date <u>4-5-1999</u>



State Absentee Ballot Request Form

North Carolina Exhibit 4.2.3.1.2

Bladen County Board of Elections
P. O. BOX 512 2270 of 2658
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cromartie</u>		First Name <u>ANA'IYA</u>		Middle Name <u>T</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>2606 Lisbon Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Couneil</u>		State <u>NC</u>	Zip Code <u>28434</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>					
You must provide at least one identification number below. (or see instructions) NC License or ID Number				Voter Registration No.	Phone (optional) Email (optional)
SSN <u>X X X - X X [REDACTED]</u>					<u>625-6423</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>LA Morris Cromartie</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>2606 Lisbon Rd</u>		Name of Corporation (if appointed legal guardian)		
City <u>Couneil</u>	State <u>NC</u>	Zip Code <u>28434</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only) <u>X</u> <u>[REDACTED]</u>	Signature of Relative/Near Guardian (if applicable) <u>X</u> <u>LA Morris Cromartie</u> <u>[REDACTED]</u>	Date <u>10-10-18</u>
--	---	-------------------------

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Cromartie	First Name Anaiya	Middle Name Tiarra			
Home Address (NC Residential Address.) 2606 Lisbon Road			Mailing Address (if different than home address.) [REDACTED]		
City Council	State NC	Zip Code 28434	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u> / / </u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number X X X			Registration No.	Phone (optional) 604-3249	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
---	--	------	-------	----------

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name Jacqueline R. Cromartie	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address 2606 Lisbon Rd	Name of Corporation (if appointed legal guardian)				
City Council	State NC	Zip Code 28434	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Email

Fax Number or Email Address

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

X Jacqueline R. Cromartie **4-20-18**

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2008

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
 FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Elect*

Voter Information

Last Name <u>Smith</u>		First Name <u>Miaasha</u>		Middle Name <u>Taliga</u>	
Home Address (NC Residential Address.) <u>217 Sanapit rd.</u>				Mailing Address (If different than home address.) <u>PO box 2815</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [Redacted]			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [Redacted] SSN [Redacted]			Voter Registration No. [Redacted] <i>Optional</i>		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/17/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General

on

11/6/18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Dixon		First Name John		Middle Name Harris	
Home Address (NC Residential Address.) 1508 Nan St.				Mailing Address (If different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Voter Registration No.		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) UNCA Box 6244, 2500 University Hts.		City Asheville	State NC	Zip Code 28804-5508
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
<p>RECEIVED OCT 25 2018</p> <p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>				
Requestor's Name Matthew John Dixon		<input type="checkbox"/> spouse <input type="checkbox"/> brother <input type="checkbox"/> parent <input checked="" type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address 1508 Nan St.		Name of Corporation (If appointed legal guardian)		
City Elizabethtown	State NC	Zip Code 28337	Requestor's Phone 910-879-2333	Requestor's Email dixonlaw101@gmail.com

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X

10/24/18

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name			
Smith	Colby	Lee			
Home Address (NC Residential Address.)			Mailing Address (If different than home address.)		
400 Longs RD			400 LONG RD		
City	State	Zip Code	City	State	Zip Code
Tar Heel	NC	28392	Tar Heel	NC	28392
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
			Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number			Registration No.		
NC License or ID Number			Phone (optional)		
SSN			Email (optional)		
X X X			APR 23 2018		

RECEIVED
APR 23 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
400 Longs RD			Tar Heel	NC	28392
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a <i>partisan</i> primary, choose a primary ballot preference.					
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
			<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
			<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by:
	(Military/Overseas Voters Only) <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

04/16/18 X

Date



15

Exhibit 4.2.3.1.2

2275 of 2658

State Absentee Ballot Request Form
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**I am requesting an absentee ballot for the: PRIMARY on 5-18-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>Thompson</u>	First Name <u>Kassidy</u>	Middle Name <u>D</u>	Suffix [Redacted]
Home Address (NC Residential Address.) <u>2751 Hwy 410</u>		Mailing Address (If different than home address.) [Redacted]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City [Redacted]
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (If applicable)
If "No," indicate the date of your move: <u>1-1-18</u>			
You must provide at least one identification number: NC License or ID Number <u>[Redacted]</u> SSN <u>[Redacted]</u>		Registration No.	Phone (optional)
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>			Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [Redacted]		Fax Number or Email Address	

12-29-17
[Signature]

Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

p11-55
p11

State Absentee Ballot RECEIVED

North Carolina

MAR 26 2010

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown NC 28337

 PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: Primary on _____
 Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>DUMIN</u>		First Name <u>Zachary</u>		Middle Name <u>A</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1746 Pleasant Grove Church Rd</u>				Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]						
You must provide at least one identification number (NC ID, Driver's License, etc.) [REDACTED]			Voter Registration No. (Optional)		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>SHAW</u>	First Name <u>Michael</u>	Middle Name <u>Keith</u>	Suffix [Redacted]	
Home Address (NC Residential Address.) <u>2265 Tarheel Rd</u>		Mailing Address (If different than home address.) [Redacted]		
City <u>Tarheel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City <u>Th</u>	State [Redacted]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/> [Redacted]		Registration No.	Phone	Email

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) OR Signature of Near Relative/Legal Guardian (if applicable)

Sept 21-17 X
Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Dowless	First Name Robert	Middle Name L	Suffix [Redacted]
Home Address (NC Residential Address.) 7019 Albert St		Mailing Address (If different than home address.) [Redacted]	
City Dublin	State NC	Zip Code 28332	City [Redacted]
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: 1-1		Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number SSN X X		Registration No.	Phone (optional)
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 443		City Dublin	State NC	Zip Code 28332
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

12-18-17 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2/3.1.2

Bladen County Board of Elections
P. O. BOX 512 2279 of 2658
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Wise</u>		First Name <u>Keisha</u>		Middle Name <u>Monia</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>2925 NC HWY 701 N.</u>				Mailing Address (If different than home address.) <u>P.O. Box 2323</u>			
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>				County of Residence		Previous Name (if applicable)	
You must provide at least one identification number below		SSN <u>X X X - X [REDACTED]</u>		Voter Registration No.		Phone (optional) <u>910-751-1249</u>	
NC License or ID Number		SSN		Voter Registration No.		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State		Zip Code	
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name				Relationship to voter			
(First) (Middle) (Last) (Suffix)				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address				Name of Corporation (If appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email	
						RECEIVED OCT 15 2018	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter	Signature of Relative/Near Guardian (if applicable) <u>10-14-18</u> <u>X</u>
Date	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 13 2018

Bladen County Board of Elections
Box 512
Elizabethtown, NC 28337

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Whistle</u>	First Name <u>Sonya</u>	Middle Name <u>R</u>	Suffix		
Home Address (NC Residential Address.) <u>303 Pecan St. Apt. 5C</u>			Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification number below (for see instructions). NC License or ID Number <u>XX</u>			Voter Registration No.	Phone	Email

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

OR Signature of Near Relative/Legal Guardian (if applicable)

9/26/17
Date

X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

2281 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Bartleson</u>		First Name <u>Jody</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>243 Armfield St</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable) <u>[REDACTED]</u>	
If "No," indicate the date of your move: <u>[REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>	
You must provide at least one identification NC License or ID Number <u>[REDACTED]</u>		Email (optional) <u>[REDACTED]</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (If Requested) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

RECEIVED
OCT 15 2018
TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Near Relative/Legal Guardian (if applicable)

8-25-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>BARTleson</u>		First Name <u>JOEY</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>243 ARM Field St</u>				Mailing Address (If different than home address.)	
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN	Registration No.	Phone	Email
X X					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

OR Signature of Near Relative/Legal Guardian (if applicable)

10/3/17 X

Date

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ~~2263~~ 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

p 15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name

Charbonnier

First Name

Kenneth

Middle Name

H

Home Address (NC Residential Address.)

243 Armfield St

Mailing Address (If different than home address.)

City

Elizabethtown

State

NC

Zip Code

28337

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Bladen

Previous Name (if applicable)

If "No," indicate the date of your move: 1/1/

You must provide at least one identification

NC License or ID Number

SSN

X

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same as above

City

NOV 15 2018

State

Zip Code

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.☐ Democratic☐ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

Jody Bartleson

☐ spouse☐ brother/sister☐ parent☐ grandparent☐ stepparent☐ child☐ grandchild☐ stepchild☐ mother-in-law☐ father-in-law☐ son-in-law☐ daughter-in-law☒ legal guardian

Requestor's Address

243 Armfield St

Name of Corporation (if appointed legal guardian)

City

Elizabethtown

State

NC

Zip Code

28337

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Jody Bartleson

8-25-18

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name <u>CHARR BONNICK</u>	First Name <u>Kenneth</u>	Middle Name <u>H</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>243 ARMFIELD ST</u>		Mailing Address (if different than home address.) [REDACTED]		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)	Email (optional)
SSN [REDACTED] <u>XXX - XX</u> [REDACTED]				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X
Date

10/2/17
Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 2285 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Hyatt		First Name Patricia		Middle Name A	
Home Address (NC Residential Address.) 303 Pecan St #4C				Mailing Address (if different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen	Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification number: NC License or ID Number		SSN Y X	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 694		City Bladenboro	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 04 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-23-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Hyatt	First Name Patricia	Middle Name Ann	Suffix [REDACTED]
Home Address (NC Residential Address.) 303 Pecan St. Apt. 4C		Mailing Address (If different than home address.) [REDACTED]	
City Bladenboro	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____			
Voter Registration No. Optional [REDACTED]		Phone (optional)	Email (optional)
X X - X X - [] [] [] []		RECEIVED APR 12 2018	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Sig

Signature of Near Relative/Legal Guardian (if applicable)

3/28/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name Purdie		First Name Quashema		Middle Name D	
Home Address (NC Residential Address.) 303 Pecan St 9F				Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN X	Voter Registration No. Optional		Phone (optional) / Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Packer</u>		First Name <u>Robert</u>		Middle Name <u>E</u>	
Home Address (NC Residential Address.) <u>8717 NC Hwy 131 N</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-9-18
Date

X
Date



NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____ Election Date
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Jimenez Rojas</u>	First Name <u>Luzsiero</u>	Middle Name <u>Edith</u>	State <u>NC</u>	Zip Code <u>28332</u>
Home Address (NC Residential Address) <u>175 5th St</u>		Mailing Address (if different than home address.) <u>P.O. Box 204</u>		
City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>	City <u>Dublin</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: _____		Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <u>[Redacted]</u>		Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>
<p>If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.</p> <p><input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian</p>			
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot.</p> <p>If "Yes," what is the name and address of the hospital or facility: _____</p>			
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p> <p>Requestor's Name _____</p> <p>Relationship: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian</p>			
Requestor's Address _____		Name of Corporation (if appointed legal guardian)	
City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>	Requestor's Phone _____
		Requestor's Email _____	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

<p>Select one of the options below to qualify as a military or overseas voter:</p> <p><input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.</p> <p><input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.</p>	
Current Address (Address where you are currently stationed or living overseas.)	<p>Transmit my ballot by: (Military/Overseas Voters Only)</p> <p><input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email</p> <p>Fax Number or Email Address _____</p>

Signature of Near Relative/Guardian (if applicable)

10-2-18 X

Date

Date

BE.gov to check your voter registration or absentee voting status.

TO: BLADEN COUNTY BOARD OF ELECTIONS



State Absentee Ballot Request Form

North Carolina

RECEIVED
SEP 21 2018

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Dowless</u>		First Name <u>Robert</u>		Middle Name <u>Lee</u>	
Home Address (NC Residential Address.) <u>7019 Albert St</u>				Mailing Address (If different than home address.)	
City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28328</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <u>[Redacted]</u>			Voter Registration No. <u>[Redacted]</u>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother /sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/30/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 12.3.1.2

TO: Bladen County Board of Elections 2291 of 2658
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix		
Dowless	Robert	Lee	Jr.		
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)			
7019 Albert St.		P.O. Box 443			
City	State	Zip Code	City	State	Zip Code
Dublin	NC	28332	Dublin	NC	28332
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
NC License or ID Number			Phone (optional)		
SSN			Email (optional)		
X X					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		State	Zip Code
Same As Above P.O. Box 443		NC	28332
City			
Dublin			
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1/7/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Meags</u>	First Name <u>Robert</u>	Middle Name <u>Walker</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>2245 3rd Ave.</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>[REDACTED]</u>			
You must provide at least one identification number (NC ID, Driver's License, etc.) <u>[REDACTED]</u>		oter Registration No. (Optional)	Phone (optional) Email (optional) RECEIVED OCT 15 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2245 3rd Ave</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>CHRISTOPHER A. MEGGS</u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>2245 THIRD AVENUE</u>	Name of Corporation (If appointed legal guardian)			
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910.874.5458</u>	Requestor's Email <u>chris.meggs@ncag.gov</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Christopher A. Meags

October 10, 2018

Date

Date



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Johnson</u>		First Name <u>Bandy</u>		Middle Name <u>Lee</u>	
Home Address (NC Residential Address.) <u>10008 NC Hwy 41E</u>				Mailing Address (If different than home address.)	
City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NCLicense or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>10008 NC Hwy 41E</u>		City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-11-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

TIME _____ RECEIVED BY _____

CLERK OF COUNTY BOARD OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Hester	First Name Wyatt	Middle Name Joseph	Suffix
Home Address (NC Residential Address.) 55 Holly Britt Rd		Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____		Voter Registration No. [REDACTED]	Phone (optional) [REDACTED]
Email (optional) [REDACTED]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 611		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

03/6/18 X

Date

Date



State Absentee Request Form

North Carolina

RECEIVED
AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>McKoy</u>		First Name <u>Pearlie</u>		Middle Name <u>M</u>	
Home Address (NC Residential Address.) <u>218 Buden Rd</u>				Mailing Address (If different than home address.)	
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/19/18 X
Date

Date



RECEIVED
MAY 04 1961

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

GENERAL ELECTION

on NOVEMBER
Elec

Last Name Willoughby		First Name Hunter		Middle Name	
Home Address (NC Residential Address.) 102 Grace St			Mailing Address (If different than home address.)		
City Bladenboro		State NC	Zip Code 28320	City	State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)
If "No," indicate the date of your move:			Driver Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)

Same as above

City	State	Zip Code
------	-------	----------

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic☐ Republican☐ Libertarian☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email
------	-------	----------	-------------------	-------------------

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax

Email

Fax Number or Email Address _____

Signature of Near Relative/Legal Guardian (if applicable)

9-8-18
Date

X

Out

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General

on

Nov 6th, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name JARMON	First Name CORNELIUS	Middle Name JAHMAL	Suffix [REDACTED]
Home Address (NC Residential Address.) 120 MILL ST.		Mailing Address (If different than home address.) [REDACTED]	
City BLADENBORO	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: [REDACTED]		Voter Registration No. [REDACTED]	Phone (optional) [REDACTED]
You must provide at least one identification NC License or ID Number [REDACTED]		Email (optional) [REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 120 Mill Street	City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: [REDACTED]			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name [REDACTED]	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address [REDACTED]	Name of Corporation (if appointed legal guardian)		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]
Requestor's Email [REDACTED]			

RECEIVED
OCT 20 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/18/2018 X
Date

Date

BE.gov to check your voter registration or absentee voting status.

FOR ADDITIONAL INFORMATION

TO: BLADEN COUNTY BOARD OF ELECTIONS

P. 25



State Absentee Ballot Request Form

North Carolina

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Jones</u>		First Name <u>Sandra</u>		Middle Name <u>S</u>	
Home Address (NC Residential Address.) <u>1161 W Hester St</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

TIME REC'D BY:
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 214</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-5-18 X
Date

Date

202



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 13 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME REC'D BY: 910-862-6951
BLADEN CO. BO. OF ELECTIONS
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Name		Christian		Jessica		Danielle		[Redacted]	
Home Address (NC Residential Address.)				Mailing Address (If different than home address.)					
192 White Owl Loop Rd				192 White Owl Loop Rd					
Bladenboro NC 28320				Bladenboro NC 28320					
Have you lived at this address for more than [Redacted] years?				County of Residence		Precinct Name (if applicable)			
If "No," indicate the date of your move: [Redacted]				Bladen					
Voter Registration No.		Phone (optional)		Email (optional)					
[Redacted]		910-876-2843		N/A					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)				Bladenboro NC 28320			
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.							
<input type="checkbox"/> Democratic		<input checked="" type="checkbox"/> Republican		<input type="checkbox"/> Libertarian		<input type="checkbox"/> Non-partisan	
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address				Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email			

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
[Redacted]	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-28-17

X

Date

Date

State Absentee Ballot Request Form
North Carolina

RECEIVED

MAR 13 2018

REC'D BY
BLADEN CO. BD. OF ELECTIONS

Bladen County Board of Elections

Box 512

Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Long	Tonya	Denise	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
600 North Main		Same	
City	State	Zip Code	City
Bladenboro	NC	28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: 1-1-		Bladen	
You must provide at least one identification number: NC License or ID Number		Registration No.	Phone (optional)
SSN		Phone (optional)	Email (optional)
X X			

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

Same as above

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic☒ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

- | | | | | |
|-------------------------------------|--|---|--|--|
| <input type="checkbox"/> spouse | <input type="checkbox"/> brother/sister | <input type="checkbox"/> parent | <input type="checkbox"/> grandparent | <input type="checkbox"/> stepparent |
| <input type="checkbox"/> child | <input type="checkbox"/> grandchild | <input type="checkbox"/> stepchild | <input type="checkbox"/> mother-in-law | <input type="checkbox"/> father-in-law |
| <input type="checkbox"/> son-in-law | <input type="checkbox"/> daughter-in-law | <input type="checkbox"/> legal guardian | | |

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

12-30-17

Date

X

Date



State Absentee Ballot Request Form

North Carolina

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Mason</u>		First Name <u>Armani</u>		Middle Name <u>D</u>	
Home Address (NC Residential Address.) <u>36 Fredrick Britt</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>		Voter Registration No. Optional		Phone (optional)	
				Email (optional)	

RECEIVED

OCT 04 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-1-18

X

Date

Date



15

Exhibit 4.2.3.1.2

2302 of 2658

State Absentee Ballot Request Form
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Deaver</u>		First Name <u>RYAN</u>		Middle Name <u>A</u>	Suffix [REDACTED]	
Home Address (NC Residential Address.) <u>635 Paul Brisson Rd</u>				Mailing Address (If different than home address.) [REDACTED]		
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City		State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move: <u>1-1</u>						
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>		Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

11/7/18
DateX

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

2303 of 2658

MAR 13 2018

Bladen County Board of Elections

PO BOX 512

Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820

elections@bladenco.org

TIME RECEIVED BY

BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Deaver</u>	First Name <u>DONNA</u>	Middle Name <u>Jean</u>	Suffix <u>M</u>
Home Address (NC Residential Address.) <u>12006 NC Hwy 211 W</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)	
Identification number SSN <u>XX</u>		Registration No.	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1-8-18
Date

X

Date

State Absentee Ballot Request Form
North CarolinaTO: Bladen County Board of Elections
P.O. Box 512
Elizabethtown NC 28337

MAR 13 2018

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.orgRECD BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hester</u>		First Name <u>Graham</u>		Middle Name <u>Wayne</u>	Suffix
Home Address (NC Residential Address.) <u>668 Sunset Park Road</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1-1-</u>				Previous Name (if applicable)	
You must provide at least one identification number below (last four digits only): NC License or ID Number <u>XX XX</u>		SSN <u>XXXX</u>		Registration No.	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>				City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent				
(First Last)		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law				
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
City		State	Zip Code	Name of Corporation (if appointed legal guardian)		
Requestor's Phone		Requestor's Email				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

5-8-2018 X

Date

Date

check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>FZELL</u>		First Name <u>Tyler</u>		Middle Name <u>JAMES</u>	
Home Address (NC Residential Address.) <u>2035 Mote Road</u>				Mailing Address (If different than home address.)	
City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move:			Voter Registration No. Optional		Phone (optional)
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2200 Hillsborough St.</u>		City <u>Raleigh</u>	State <u>NC</u>	Zip Code <u>27607</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 12 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/6/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Anderson		First Name Justin		Middle Name	Suffix
Home Address (NC Residential Address.) 973 Hickory Grove Ballpark Rd.				Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification number (NC Driver's License, State ID, or Social Security Number)			Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same As Above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2/12/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

BLADEN COUNTY BOARD OF ELECTIONS

TIME _____
BLADEN CO. BD. OF ELECTIONS

Physical Address
111 S Cypress St
Elizabethtown NC
28337
REC'D BY 28337
PHONE: 910-862-6951
elections@bladenco.org

Mailing Address
PO Box 512
Elizabethtown NC 28337
FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5/8/18
Election

Voter Information

Last Name <u>Gardner</u>		First Name <u>Robert</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>808 Butler mill rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[redacted]</u> SSN <u>[redacted]</u>			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-16-18
Date

X
Date

202



State Absentee Ballot Request

North Carolina

MAR 13 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-2018

Election

Voter Information

Last Name LUDLUM		First Name DAVID		Middle Name EARL	
Home Address (NC Residential Address.) 11314 CENTER ROAD				Mailing Address (If different than home address.) PO BOX 537	
City BLADENBORO	State NC	Zip Code 28320	City BLADENBORO	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: _____					
You must provide at least one identification number NC License or ID Number _____			Registration No. Optional _____		Phone (optional) _____
					Email (optional) _____

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO BOX 537		City BLADENBORO	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5-8-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2017

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME RECEIVED BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jones</u>	First Name <u>Joyce</u>	Middle Name <u>Stephens</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>549 Hwy. 410 Apt. 9-D</u>		Mailing Address (If different than home address.) [REDACTED]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28332</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: [REDACTED]		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6/28/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951

elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18

Election Date

Voter Information

Last Name <u>JONES</u>	First Name <u>Joyce</u>	Middle Name <u>S</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>549 NC Hwy 410</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move:			
You must provide at least one identification number (NC ID, Driver's License, etc.)		Voter Registration No. (Optional)	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2/20/18 X
 Date

Date

201
WIK

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>GITCHEL</u>	First Name <u>DARLENE</u>	Middle Name <u>M.</u>
Home Address (NC Residential Address.) <u>407 4th STREET</u>		
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>
Mailing Address (if different than home address.)		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If "No," indicate the date of your move:		
You must provide at least one identification number: NC License or ID Number: <u>[REDACTED]</u> SSN: <u>[REDACTED]</u>		
County of Residence <u>BLADEN</u>		
Previous Name (if applicable)		
Voter Registration No. Optional		
Phone (optional)		
Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as Above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
<div style="text-align: center;"> RECEIVED SEP 25 2018 REC'D BY BLADEN CO. BD. OF ELECTIONS </div>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-16-18
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>GITCHEL</u>		First Name <u>T THOMAS</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>407 4TH STREET</u>				Mailing Address (If different than home address.)	
City <u>BLADENBORO</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>BLADEN</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number NC License or ID Number		SSN		Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email TIME REC'D BY BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-16-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSIFYING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Baxley</u>		First Name <u>Michael</u>		Middle Name <u>Jamie</u>	
Home Address (NC Residential Address.) <u>12803 NC Hwy 211 W</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-27-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Baxley</u>	First Name <u>Michael</u>	Middle Name <u>James</u>	Suffix <u>Jr.</u>
Home Address (NC Residential Address.) <u>12803 NC 211 HWY W</u>		Mailing Address (If different than home address.) [REDACTED]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladen</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Previous Name (if applicable) <u>MAR 27 2018</u>	
If "No," indicate the date of your move: [REDACTED]		TIME REC'D BY [REDACTED]	
You must provide at least one identification number (NC Driver's License, NC ID Card, or Social Security Number) [REDACTED]		Voter Registration No. (Optional) [REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>512 Pine Bridge Circle</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
[REDACTED]

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2/22/18
Date

X

Date

**State Absentee Ballot Request Form**
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>Priest</u>		First Name <u>Brianne</u>		Middle Name <u>Jane</u>		Suffix [REDACTED]	
Home Address (NC Residential Address.) <u>771 Bethesda Church Rd</u>				Mailing Address (If different than home address.) [REDACTED]			
City <u>Tarheel</u>		State <u>NC</u>	Zip Code <u>28392</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1-1</u>				Registration No.		Phone (optional)	Email (optional)
You must provide at least one identification number: NC License or ID Number <u>SSN</u> <u>X X</u>				[REDACTED]			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	TIME BLADEN CO. BOARD OF ELECTIONS	REC'D BY [REDACTED]	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

3-3-94 Signature of Near Relative/Legal Guardian (if applicable)
X
Date Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

p 201

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name	First Name	Middle Name
Williams	Marcus	Dwayne
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)
5557 Old Abbottsburg Rd		4557 Old Abbottsburg Rd
City	State	Zip Code
Bladenboro	NC	28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Bladen
Identification		Voter Registration No.
X		Optional
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
Same as above				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Requestor (if not legal guardian)			
	BLADEN CO. BO. OF ELECTIONS			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by:
	(Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-21-18 X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Williams</u>	First Name <u>Marcus</u>	Middle Name <u>Dwayne</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>4557 old Abbottsburg Rd.</u>		Mailing Address (If different than home address.) RECEIVED	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladen</u>
Have you lived at this address for more than 30 days? <u>Yes</u>		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>[REDACTED]</u>		Registration No. <u>[REDACTED]</u>	
Phone (optional) <u>[REDACTED]</u>		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>Bladen</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City <u>[REDACTED]</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>[REDACTED]</u>

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on _____ Election Date
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Madden</u>	First Name <u>Elliot</u>	Middle Name <u>Stoughton</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>146 White Oak National Drive</u>		Mailing Address (If different than home address.) <u>P.O. Box 1110</u>	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City <u>Elizabethtown</u>
State <u>NC</u>		Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? If "No," indicate the date of your move: _____		County of Residence <u>Bladen</u>	
[REDACTED]		Previous Name (if applicable)	
[REDACTED]		Phone (optional)	Email (optional) <u>elliott.m2000@gmail.com</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>VMI Box 80911</u>		City <u>Lexington</u>	State <u>VA</u>	Zip Code <u>24450-0384</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Edwin Madden, Jr.</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>P.O. Box 1110</u>		Name of Corporation (If appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910-876-0131</u>	Requestor's Email <u>eddie.madden71@gmail.com</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Edwin Madden

10-4-18

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Bobbey</u>		First Name <u>Luke</u>		Middle Name <u>Anderson</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>12351 NC HWY 53 W</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>			
City <u>White Oak</u>		State <u>NC</u>	Zip Code <u>28399</u>	City <u>[REDACTED]</u>		State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable) <u>[REDACTED]</u>	
If "No," indicate the date of your move: <u>1/1/</u>							
You must provide at least one identification number NC License or ID Number <u>X X X</u>		SSN <u>[REDACTED]</u>		Registration No. <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>	
				Email (optional) <u>[REDACTED]</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Liberty University, MSC Box 146654</u> <u>1971 University Blvd.</u>		City <u>Lynchburg</u>		State <u>VA</u>	Zip Code <u>24515</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>Heather B Bobbey</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>12351 NC HWY 53 W</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>			
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	Requestor's Phone <u>850-9322</u>	Requestor's Email <u>[REDACTED]</u>	

RECEIVED

OCT 11 2018

TIME REC'D BY

BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Relative/Near Guardian (if applicable)

X Heather Bobbey

10/11/18

Date

Date

to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Elec

Voter Information

Last Name <u>Thompson</u>		First Name <u>ALLYSON</u>		Middle Name <u>J</u>	
Home Address (NC Residential Address.) <u>3238 Center Rd</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number		SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/2/18
 Date

X

Date



15

Exhibit 4.2.3.1.2

2321 of 2658

State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Thompson</u>	First Name <u>ALLYSON</u>	Middle Name <u>J</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>3238 Center Road</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>[REDACTED]</u>	
If "No," indicate the date of your move: <u>1-1-</u>		Previous Name (if applicable) <u>[REDACTED]</u>	
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u> <u>X X</u>		Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
		Email (optional) <u>[REDACTED]</u>	

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>[REDACTED]</u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)
[REDACTED]Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ EmailFax Number or Email Address
[REDACTED]

Signature of Near Relative/Legal Guardian (if applicable)

12-22-17 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name <u>Benson</u>		First Name <u>Brittany</u>		Middle Name <u>Nicole</u>	
Home Address (NC Residential Address.) <u>404 Marshall Cain Rd.</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide a valid identification number below. (or see instructions)			Voter Registration No. Optional		Phone (optional)
<u>XX - XX</u>			APR 12 2018		Email (optional)

RECEIVED

TIME ____ REC'D BY ____
 BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Riddy</u>		First Name <u>Keyshawn</u>		Middle Name <u>J</u>	
Home Address (NC Residential Address.) <u>7663 Airport Rd</u>				Mailing Address (if different than home address.)	
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
NC License or ID Number SSN <u>X X X</u>		Phone (optional) <u>910-840-5507</u>		Email (optional)	

Absentee (to be mailed?)		City	State	Zip Code
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If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

RECEIVED

OCT 15 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10/14/18 X
Date

Date

Go to [www.bladenco.org](#) to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>CLARK</u>		First Name <u>WILLIAM</u>		Middle Name <u>OGDEN</u>	
Home Address (NC Residential Address.) <u>1100 EAST BROAD ST</u>				Mailing Address (if different than home address.) <u>PO Box 953</u>	
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable) <u>N/A</u>		
You must provide at least one identification number NC License or ID Number		SSN <u>X X</u>	Registration No.	Phone (optional)	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED APR 23 2018 </div>

Abs		TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	
Absentee Mailing Address (Where should the ballot be mailed?) <u>898 WOODBURN FOREST ROAD, Box 133</u>		City <u>WOODBURN FOREST</u>	State <u>VA</u>
Zip Code <u>22989</u>			
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name <u>ROBERTS HOWELL CLARK, JR</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address <u>1100 EAST BROAD ST</u>		Name of Corporation (if appointed legal guardian) <u>N/A</u>	
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910-874-2650</u>
		Requestor's Email <u>howell.clark@sampsonbladen.com</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Robert Howell Clark, Jr.

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cromartie</u>		First Name <u>Keymon</u>		Middle Name <u>Elijah</u>			
Home Address (NC Residential Address.) <u>2584 Lisbon Rd</u>				Mailing Address (If different than home address.)			
City <u>Council</u>	State <u>NC</u>	Zip Code <u>28434</u>	City		State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1</u>							
You must provide at least one identification number below (or see instructions). NC License or ID Number SSN <u>X X X</u>			Voter Registration No.		Phone (optional) <u>910-549-6377</u>	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email	

RECEIVED
OCT 15 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

12/18
Date

X

Date

Go to [www.bladenco.org](#) to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

2326 of 2658

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Rich</u>	First Name <u>Amber</u>	Middle Name <u>Lynn</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>178 Butters Loop Road</u>		Mailing Address (If different than home address.) <u>178 Butters loop Rd</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>[REDACTED]</u>		Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>		Registration No.	Phone (optional)
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas) <u>[REDACTED]</u>		Fax Number or Email Address	

REC'D BY
CLERK OF ELECTIONS

12-11-17

Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary/General, Municipal, Special, etc.)

on

5/8/18
Election Date

Voter Information

Last Name <u>Johnson</u>	First Name <u>Wayne Samuel</u>	Middle Name <u>Wayne</u>	Suffix [Redacted]
Home Address (NC Residential Address.) <u>10710 131 Hwy</u>		Mailing Address (If different than home address.) [Redacted]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28330</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u> / / </u>			
You must provide at least one identification number: NC License or ID Number <u>XX</u>		Registration No.	Phone
			Email

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
if requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

OR Signature of Near Relative/Legal Guardian (if applicable)

2/10/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
 177 Cypress Street
 Elizabethtown NC
 28337

Mailing Address
 PO Box 512
 Elizabethtown NC 28337

MAR 13 2018

TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

PHONE: 910-862-6951 FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
 Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Davis</u>		First Name <u>Berry</u>		Middle Name <u>Dillon</u>	
Home Address (NC Residential Address.) <u>303 Pecan St. Apt. 501</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification number (NC ID, Driver's License, etc.)		Voter Registration No. (Optional)		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-11-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

SEP 21 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

2329 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Smith</u>	First Name <u>Willis</u>	Middle Name <u>Shawn</u>
Home Address (NC Residential Address.) <u>303 Pecan St. Apt 11C</u>		Mailing Address (If different than home address.) <u>303 Pecan St. Apt 11C</u>
City <u>Bladenboro</u>	State <u>N.C</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <u>XX</u>		Phone (optional) <u>N/A</u>
SSN <u>[REDACTED]</u>		Email (optional) <u>N/A</u>
Registration No. Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

Aug 8, 18
DateX
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 13 2018

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>Willis</u>		Middle Name <u>Shawn</u>		Suffix	Date of Birth
Home Address (NC Residential Address.) <u>303 Pecan St. Apt. 11C</u>				Mailing Address (If different than home address.)			
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: ____/____/____				Voter Registration No.		Phone (optional)	Email (optional)
Voter ID Number (Last four digits only) <u>XX - X</u>				Voter Registration No.		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-11-18
Date

X
Date



State Absentee Ballot Request

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

MAR 13 2018

TIME REC'D BY PHONE: 910-862-6951
BLADEN CO. BD. OF ELECTIONS

FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKoy</u>	First Name <u>Desiree</u>	Middle Name <u>Shante</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>303 Pecan St. Apt. 9E</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>/ /</u>			
Voter Registration No. <u>[REDACTED]</u>		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-11-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

RECEIVED**MAR 13 2018**

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information					
Last Name <u>Penny</u>		First Name <u>Mary</u>		Middle Name	
Home Address (NC Residential Address.) <u>303 Pecan St. Apt. 5C</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification number (NC Driver's License, NC ID Card, or US Passport)			Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information					
Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>		City	State	Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-11-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Johnson</u>	First Name <u>melissa</u>	Middle Name <u>Bail</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>511 MLK Jr Drive</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			
Voter Registration No. <u>[REDACTED]</u>		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	
Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

REC'D BY
OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

3-2-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Johnson</u>		First Name <u>Rundel</u>		Middle Name <u>Maynard</u>		Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>511 MLK Jr Drive</u>				Mailing Address (If different than home address.)			
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)		
If "No," indicate the date of your move: ____/____/____							
Voter Registration No. [REDACTED]			Phone (optional)		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>		City	State	Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother /sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address
Signature of Near Relative/Legal Guardian (if applicable) <u>3-7-18</u> X Date	



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
 Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name BABSON		First Name MORGAN		Middle Name PAIGE	
Home Address (NC Residential Address.) 508 GRACE STREET				Mailing Address (if different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [redacted] SSN [redacted]			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 10 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-8-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

RECEIVED
MAR 13 2018

TIME _____ REC'D BY elections@bladenco.org
BLADEN CO. BOARD OF ELECTIONS

PHONE: 910-862-6951

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Kellihan</u>	First Name <u>Jason</u>	Middle Name <u>Alexander</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>303 Pecan St. Apt. 5C</u>		Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move:			
You must provide at least one identification number from the following: NC <u>[REDACTED]</u> X		Driver Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	
Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-11-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME _____
BLADEN CO

REC'D BY _____
Elections@bladenco.org

PHONE: 910-862-6951

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name EVANS		First Name STELLA		Middle Name LEE	
Home Address (NC Residential Address.) 20 WHITEOWL LOOP ROAD				Mailing Address (If different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother /sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/12/2018

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

RECEIVED
MAR 13 2018
REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Ward</u>	First Name <u>Justin</u>	Middle Name <u>TRAVIS</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>303 Pecan St. Apt. 9E</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>[REDACTED]</u>			
You must provide at least one identification number NC <u>[REDACTED]</u>		Driver Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-12-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 2319 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Clark</u>		First Name <u>Holice</u>		Middle Name <u>Marie</u>	
Home Address (NC Residential Address.) <u>127 Todd Britt Ct.</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification number NC License or ID Number		SSN <u>X</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information				
Absentee Mailing Address (Where should the ballot be mailed?) <u>319 White McEwen Rd.</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/2/18 X
Date

Date

202



State Absentee Ballot

North Carolina

RECEIVED
MAR 14 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Clark</u>	First Name <u>Hollie</u>	Middle Name <u>Marie</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>127 Todd Britt Ct.</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: _____ / _____ / _____			
Voter ID Number [REDACTED]	Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>319 White McEwen Rd</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-12-18 X
Date

Date

202



State Absentee Ballot Request Form

North Carolina

MAR 14 2013

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Packer	First Name Amanda	Middle Name Lynn	Suffix [REDACTED]
Home Address (NC Residential Address.) 129B MLK JR Drive		Mailing Address (If different than home address.) PO Box 984	
City Bladenboro	State NC	Zip Code 28320	City Bladenboro
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)	
You must provide at least one identification number (NC Driver's License, State ID, etc.) [REDACTED]		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-13-18

Date

X

Date

201



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Saxon</u>	First Name <u>Preston</u>	Middle Name <u>Lee</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>17038 Hwy 131 S</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>1/1/18</u>		Previous Name (if applicable)	
Y N <u>[REDACTED]</u> X X - X <u>[REDACTED]</u>		Voter Registration No. (Optional)	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address
BY: <u>[REDACTED]</u> OF ELECTIONS	

Signature of Near Relative/Legal Guardian (if applicable)

3/17/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Todd</u>	First Name <u>Chandolyn</u>	Middle Name <u>Layne</u>
Home Address (NC Residential Address.) <u>85 Old Abbottsburg Road</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number (SSN, Driver's License, etc.) <u>X X</u>		Driver Registration No. (Optional)
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>85 Old Abbottsburg Road</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother /sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 01 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9/26/18
Date

X

Date

p 10



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name TODD	First Name CHANDOLYN	Middle Name LAYNE	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 85 OLD ABBOTTBURG ROAD		Mailing Address (If different than home address.) [REDACTED]		
City BLADENBORO	State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN		
If "No," indicate the date of your move: ____/____/____		Previous Name (if applicable)		
You must provide at least one identification number below. (see instructions) [REDACTED] XX - XX [REDACTED]		Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

RECEIVED BY
CLERK OF ELECTIONS03/17/2018
Date

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

1st Request Exhibit 4.2.3.1.2

202

2345 of 2658



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
303 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

MAR 13 2018

TIME REC'D BY: elections@bladenco.org
BLADEN CO. BO. OF ELECTIONS

PHONE: 910-862-6951

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Doramy on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Elect

Voter Information

Last Name <u>Thompson</u>		First Name <u>Chassidy</u>		Middle Name <u>Brooke</u>	
Home Address (NC Residential Address.) <u>303 Pecan St. Apt. 5C</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, ID Card, or Social Security Number)			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
 105 Cypress St
 Elizabethtown NC
 28337

Mailing Address
 PO Box 512
 Elizabethtown NC 28337

MAR 13 2018

TIME REC'D BY: elections@bladenco.org
 BLADEN CO. BO. OF ELECTIONS

PHONE: 910-862-6951

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Danary on 5/8/18
 Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Thompson</u>		First Name <u>Chassidy</u>		Middle Name <u>Brooke</u>	
Home Address (NC Residential Address.) <u>303 Pecan St. Apt. 5C</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, etc.)			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Tittle</u>		First Name <u>Natalie</u>		Middle Name <u>Carlene</u>	
Home Address (NC Residential Address.) <u>9980 Nc Hwy 131</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-26-18

Date

X

Date

202



State Absentee Ballot RECEIVED

North Carolina

MAR 19 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown NC 28337

 PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
 Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
 Election Date

Voter Information

Last Name <u>Tittle</u>	First Name <u>Natalie</u>	Middle Name <u>Carlene</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>9980 US Hwy 131</u>		Mailing Address (If different than home address.) [REDACTED]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: [REDACTED]			
You must provide at least one identification number NC [REDACTED] X		Driver Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: [REDACTED]			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-14-18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 19 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Register</u>	First Name <u>Jason</u>	Middle Name <u>Montgomery</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>303 Pecan St. Apt. 9E</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <u>[REDACTED]</u>		County of Residence <u>[REDACTED]</u>	Previous Name (if applicable) <u>[REDACTED]</u>
If "No," indicate the date of your move: <u>[REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
You must provide at least one identification number. <u>[REDACTED]</u>		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	
Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address <u>[REDACTED]</u>

Signature of Near Relative/Legal Guardian (if applicable)

3-18-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 08 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) _____ Elect _____

Voter Information

Last Name <u>Harris</u>		First Name <u>Benson</u>		Middle Name <u>Trent</u>	
Home Address (NC Residential Address.) <u>820 Willard Tatum Rd.</u>				Mailing Address (If different than home address.) <u>820 Willard Tatum Rd.</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: _____			Previous Name (if applicable) _____		
You must provide at least one identification number: NC License or ID Number _____ SSN _____		Voter Registration No. _____ Optional		Phone (optional) _____ Email (optional) _____	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>820 Willard Tatum Rd.</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) _____	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address _____

Signature of Near Relative/Legal Guardian (if applicable)

10-3-18
Date

X
Date

JP



Exhibit 4.2.3.1.2

 PK
 2351 of 2658

CL

State Absentee Ballot Request Form

North Carolina

 TO: Bladen County Board of Elections
 PO BOX 512
 Elizabethtown NC 28337

 PHONE: 910-862-6951 FAX: 910-862-7820
 elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary on

 5/8/18
 Election Date

Voter Information

Last Name <u>Straiet</u>	First Name <u>Caleb</u>	Middle Name <u>Alexander</u>	Suffix [Redacted]
Home Address (NC Residential Address.) <u>771 Bethel Church Rd</u>		Mailing Address (If different than home address.)	
City <u>Tarheel</u>	State <u>NC</u>	Zip Code <u>28392</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1-1</u>		Registration No.	Phone (optional) <u>910-549-9776</u>
You must provide at least one identification number [Redacted] X		Email (optional)	

Absentee Mailing Address (Where should the ballot be mailed?)

Same

 If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. ☒ Unaffiliated ☐ Democratic ☐ Republican

 If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

 If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:
 Requestor's Name: [Redacted]
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address			Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
 Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-17-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
2352 of 2658
Physical Address
301 S Cypress St
Elizabethtown NC
28337
Mailing Address
PO Box 512
Elizabethtown
PHONE: 910-862-6951
bladen.boe@ncsbe.gov
FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name	First Name	Middle Name
BORDEAUX	MORGAN	PAIGE
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)
8104 NC 41 HWY WEST		
City	State	Zip Code
BLADENBORO	NC	28320
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		BLADEN
You must provide at least one identification number NC License or ID Number		Previous Name (if applicable)
[Redacted]		Phone (optional)
[Redacted]		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
SAME AS ABOVE			
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepparent
		<input type="checkbox"/> legal guardian	<input type="checkbox"/> mother-in-law
			<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only)
Current Address (Address where you are currently stationed or living overseas.)		<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

08/15/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-2018
Election Date

Voter Information

Last Name <u>BORDEAUX</u>		First Name <u>MORGAN</u>		Middle Name <u>PAIGE</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>8104 NC 41 Hwy West</u>				Mailing Address (if different than home address.) [REDACTED]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move: [REDACTED]					
You must provide at least one identification number NC [REDACTED] X			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

031518
Date

X

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2



State Absentee Ballot Request Form North Carolina

RECEIVED

OCT 05 2010

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723
elections.sboe@ncsbe.gov

FAX: 919-715-0135

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

BLADEN CO. BD. OF ELECTIONS

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name

BLOUNT

First Name

IDELLA

Middle Name

M

Suffix

Home Address (NC Residential Address.)

21 W. SHAW MILL RD.

Mailing Address (if different than home address.)

City

SAINT PAULS

State

NC

Zip Code

28384

City

State

Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☒ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move: / /

You must provide at least one identification

NC License or ID Number

SSN

X

Registration No.

Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

21 W. Shaw Mill Rd.

City

Saint Pauls

State

NC

Zip Code

28384

If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.
☒ Democratic ☐ Republican ☐ Libertarian

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

(First)

(Middle)

(Last)

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X

Date

your voter registration or absentee voting status.

FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2016

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name Stephens	First Name SHANIA	Middle Name L
Home Address (NC Residential Address.) 310 Ronald Bitt Rd		Mailing Address (If different than home address.)
City Bladenboro	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number (NC Identification Number, Driver's License, etc.)		Phone (optional)
Voter Registration No. (Optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/5/16 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on May 8, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Stephens</u>	First Name <u>Shania</u>	Middle Name <u>Lynn</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>310 Ronald Britt Rd</u>		Mailing Address (If different than home address.) <u>Same</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladen</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Previous Name (if applicable) RECEIVED	
If "No," indicate the date of your move: <u>1/1</u>		County of Residence <u>Bladen</u>	Phone <u>[REDACTED]</u>
You must provide at least one identification number NC License or ID Number <u>XX</u>		Registration No. <u>[REDACTED]</u>	Email <u>MAR 27 2018</u>
TIME <u>RECD BY</u> BLADEN CO. BD. OF ELECTIONS			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>310 Ronald Britt Rd.</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only) [REDACTED] OR Signature of Near Relative/Legal Guardian (if applicable) X
Date 3/20/18 Date _____

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

EXHIBIT 4.2.3.1.2

2357 of 2658

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name Kellihan	First Name Bobby	Middle Name Joe
Home Address (NC Residential Address.) 121 Scrub Oak Rd		Mailing Address (If different than home address.) PO Box 64
City Elizabethtown	State NC	Zip Code 28320
City Elizabethtown	State NC	Zip Code 28337
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number		Registration No. Optional
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same	City Bladen Co. Bd. of Elections	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepparent
		<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
		<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date **3-21-18**

Date



State Absentee Request Form

North Carolina

RECEIVED
AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Hall</u>		First Name <u>Jasmine</u>		Middle Name <u>D.</u>	
Home Address (NC Residential Address.) <u>703 South Hill St.</u>				Mailing Address (If different than home address.) <u>P.O. Box 1684</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification [Redacted] <input checked="" type="checkbox"/> X			Voter Registration No. _____ Phone (optional) _____ Email (optional) _____		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-19-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 9/6/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Marsh</u>		First Name <u>Allie</u>		Middle Name <u>McKee</u>	
Home Address (NC Residential Address.) <u>378 McKee Rd</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u> </u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>SSN</u> <u>X X</u>			Registration No. <u> </u> Optional		
			Phone (optional) <u> </u>		
			Email (optional) <u> </u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>22763 Bowen Hall 2811 Thurman Dr</u>		City <u>Raleigh</u>	State <u>NC</u>	Zip Code <u>27607</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> other-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone <u> </u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/12/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337
2360 of 2658
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on May 8th, 98
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
MONTGOMERY	OTIS			
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)		
706 Chestnut St. Apt. 25		Same		
City	State	Zip Code	City	State
Bladenboro	NC	28320		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: 1/1		Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)	Email (optional)
NC License or ID Number				
SSN				
X X X - X				

RECEIVED

APR 03 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	TIME	REC'D BY	State	Zip Code
SAME			BLADEN CO. BD. OF ELECTIONS		
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.					
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent				
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law				
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address	Name of Corporation (If appointed legal guardian)				
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)
	<input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

03/31/18X

Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Elect

Voter Information

Last Name <u>Morphics</u>		First Name <u>Jodee</u>		Middle Name <u>Lynn</u>	
Home Address (NC Residential Address.) <u>706 Chestnut St. #23</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-29-10 X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Morphies</u>		First Name <u>Jodie</u>		Middle Name <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>706 Chestnut St. Apt. 23</u>				Mailing Address (If different than home address.) <u>SAME</u>
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX [REDACTED]</u>			Voter Registration No.	Phone (optional)
				Email (optional)

RECEIVED

APR 03 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City <u>[REDACTED]</u>	TIME <u>[REDACTED]</u>	REC'D BY <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		
Requestor's Address			Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely			
Current Address (Address where you are currently stationed or living overseas.)		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

Date

X Jodie Morphies

Date

3/31/18



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hester</u>	First Name <u>Allen</u>	Middle Name <u>Gage</u>	Suffix <u></u>
Home Address (NC Residential Address.) <u>407 Ann St.</u>		Mailing Address (If different than home address.) <u></u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			
You must provide at least one identification number below. (or see instructions)		Voter Registration No. Optional	Phone (optional) Email (optional)
<u>XX - XX</u>			RECEIVED APR 12 2018

TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepparent
	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> father-in-law		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	
	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only)
	<input type="checkbox"/> Mail <input checked="" type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/28/18
 Date

X

Date

**State Absentee Ballot Request Form**
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>Taylor</u>		First Name <u>Mary</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>102 E Stanley St Roberts St</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Registration No.	Phone (optional)	Email (optional)
<u>X X</u>					

TIME REC'D BY
BLADEN CO. BOE OF ELECTIONS**Absentee Voting Information**

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

5/31/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Russ</u>		First Name <u>Tamra</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>303 Pecan St. Apt. 8B</u>				Mailing Address (If different than home address.) <u>SAME</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number <u>X</u>			Registration No. Optional	Phone (optional)	Email (optional)

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☒ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/5/2018 X L
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information				
Last Name <u>Penley</u>	First Name <u>LOIS</u>	Middle Name <u>JANINE</u>	Suffix <u> </u>	Date of Birth <u> </u>
Home Address (NC Residential Address.) <u>12042 Hwy 211</u>		Mailing Address (If different than home address.) <u> </u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u> </u>	State <u> </u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u> </u>		
If "No," indicate the date of your move: <u>1/1/18</u>		Previous Name (if applicable) <u> </u>		
You must provide at least one identification number below. (or see instructions)		Voter Registration No. <u> </u>		
NC License or ID Number <u> </u>	SSN <u>XXX - XX</u>	Phone (optional) <u> </u>	Email (optional) <u> </u>	<u> </u>

RECEIVED
APR 09 2018
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information				
Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City <u> </u>	State <u> </u>	Zip Code <u> </u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u> </u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u> </u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u> </u>		Name of Corporation (if appointed legal guardian) <u> </u>		
City <u> </u>	State <u> </u>	Zip Code <u> </u>	Requestor's Phone <u> </u>	Requestor's Email <u> </u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u> </u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u> </u>

Signature of Voter (voter only) <u> </u> Date <u>4/4/18</u>	Signature of Near Relative/Legal Guardian (if applicable) <u>X</u> Date <u> </u>
---	--

Go to www.bladen.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>JONES</u>		First Name <u>Holly</u>		Middle Name [REDACTED]	
Home Address (NC Residential Address.) <u>680 Smith Circle Dr Apt. 200</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/1</u>					
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Voter Registration No.		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 10 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

4/10/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P 202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Thompson</u>		First Name <u>Rhonda</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>706 Chestnut St #23</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information, and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of County (if Requestor is legal guardian) <u>BLADEN CO. BD. OF ELECTIONS</u>		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-25-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2-3-1.2

Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

2369 of 2658

54

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Thompson	First Name Rhonda	Middle Name Louise	Suffix [REDACTED]
Home Address (NC Residential Address.) 706 Chestnut Street Apt 23		Mailing Address (If different than home address.) [REDACTED]	
City Bladenboro	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: 1/1			
You must provide at least one identification number below. (see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number [REDACTED]	SSN X		Email (optional)

Absentee Mailing Address (where should the ballot be mailed?)

Same	City	State	Zip Code
-------------	------	-------	----------

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.
☐ Democratic ☒ Republican ☐ Libertarian ☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name
[REDACTED]
☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address
[REDACTED]

Name of Corporation (If appointed legal guardian)

City	State	Zip Code	Requestor's Phone	Requestor's Email
------	-------	----------	-------------------	-------------------

RECEIVED
APR 10 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative or guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/9/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

Q 202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Simmons</u>		First Name <u>Sabrina</u>		Middle Name <u>R</u>	
Home Address (NC Residential Address.) <u>506 Catfish Farm</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. (Optional)		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information, and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepparent	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-25-18 X

Date

Date



TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election*

Last Name Simmons		First Name Sabrina		Middle Name R	
Home Address (NC Residential Address.) 506 Catfish Farm			Mailing Address (If different than home address.)		
City Bladenboro		State NC	Zip Code 28320	City	
				State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification number: NC License or ID Number		SSN	Driver Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?) Same			City		State		Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan								
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No								
If "Yes," what is the name and address of the hospital or facility:								
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name _____ <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> son-in-law </div> <div> <input type="checkbox"/> brother /sister <input type="checkbox"/> grandchild <input type="checkbox"/> daughter </div> <div> <input type="checkbox"/> parent <input type="checkbox"/> stepchild <input type="checkbox"/> son </div> <div> <input type="checkbox"/> grandparent <input type="checkbox"/> mother-in-law <input type="checkbox"/> daughter-in-law </div> <div> <input type="checkbox"/> stepparent <input type="checkbox"/> father-in-law </div> </div>								
Requestor's Address				Name of Corporation (if appointed legal guardian)				
City			State	Zip Code	Requestor's Phone		Requestor's Email	

Signature of Near Relative/Legal Guardian (if applicable)

8-25-18 X

Date _____

Date _____



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Simmons</u>		First Name <u>Sabrina</u>		Middle Name <u>Renee</u>	
Home Address (NC Residential Address.) <u>506 Catfish Farm Rd.</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Voter Registration No.		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 10 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

3-28-18

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

Bladen County Board of Elections 2373 of 2658
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

5m

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name Desonia		First Name Ehylene		Middle Name Taylor	Suffix [Redacted]
Home Address (NC Residential Address.) 65 Kelly St			Mailing Address (If different than home address.) [Redacted]		
City Bladenboro	State Nc	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: 1/1			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
NC License or ID Number SSN X [Redacted]			Phone (optional)		
			Email (optional)		

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
APR 10 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

4/9/18
Date

X

Date



Exhibit 4.2.3.1.2

2374 of 2658

State Absentee Ballot Request Form
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**I am requesting an absentee ballot for the: Primary on 5/8/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>Thompson</u>		First Name <u>James</u>		Middle Name <u>Brandon</u>		State <u>NC</u>	
Home Address (NC Residential Address.) <u>192 E. Currie St.</u>				Mailing Address (If different than home address.) <u>P.O. Box 1195</u>			
City <u>Clarkton</u>		State <u>NC</u>		Zip Code <u>28433</u>		City <u>Clarkton</u>	
State <u>NC</u>		Zip Code <u>28433</u>		County of Residence <u>Bladen</u>		Previous Name (If applicable)	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>				You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X</u> <u>[REDACTED]</u>			
Water Registration No.				Phone (optional)		Email (optional)	

If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>[REDACTED]</u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian)	
City <u>[REDACTED]</u>		State <u>[REDACTED]</u>	
Zip Code <u>[REDACTED]</u>		Requestor's Phone <u>[REDACTED]</u>	
Requestor's Email <u>[REDACTED]</u>		Requestor's Signature <u>[REDACTED]</u>	

RECEIVED
APR 11 2018**For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)**

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Near Relative/Legal Guardian (if applicable)

4/10/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

AUG 17 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>White</u>		First Name <u>Shiquille</u>		Middle Name <u>A</u>	
Home Address (NC Residential Address.) <u>659 Twisted Hickory Rd</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move:			Registration No.	Phone (optional)	Email (optional)
You must provide at least one identification number (NC License or ID Number)			Optional		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail
 ☐ Fax
 ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-29-18
 Date

 X
 Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>White</u>		First Name <u>Shaquille</u>		Middle Name	
Home Address (NC Residential Address) <u>659 Twisted Hickory Rd</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence	
If "No," indicate the date of your move: <u>1/1/18</u>				Previous Name (if applicable) TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X</u>				Voter Registration No.	Phone (optional)
				(Optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 31</u>				City <u>Dublin</u>	
State <u>NC</u>				Zip Code <u>28332</u>	
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name (First) (Middle) (Last) (Suffix)				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address				Name of Corporation (if appointed legal guardian)	
City		State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter <u>X</u>	Signature of Near Relative/Guardian (if applicable) <u>5-8-18</u> <u>X</u>
Date	Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>Christian</u>		Middle Name	
Home Address (NC Residential Address.) <u>37 Armfield St</u>				Mailing Address (If different than home address.) RECEIVED	
City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>	City <u>APR 11 2013</u>	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN CO. BD. OF ELECTIONS</u>		
If "No," indicate the date of your move: <u> / / </u>			TIME PREVIOUSLY RECEIVED BY		
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		
NC License or ID Number SSN <u>X</u>			Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1109 East 13th Street</u>						City <u>Cumberton</u>		State <u>NC</u>		Zip Code <u>28358</u>	
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference.											
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan											
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No											
If "Yes," what is the name and address of the hospital or facility:											
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:											
Requestor's Name				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian							
Requestor's Address				Name of Corporation (if appointed legal guardian)							
City				State		Zip Code		Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	
Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Fax Number or Email Address	

Signature <u>X</u>	Signature of Near Relative/Guardian (if applicable) <u>X</u>
Date <u>4/10/18</u>	Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Pait</u>	First Name <u>Lisa</u>	Middle Name <u>Nichole</u>
Home Address (NC Residential Address.) <u>303 Pecan St. Apt. 4F</u>		Mailing Address (if different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Previous Name (if applicable)
You have provided an identification number (NCL) <u>X</u>	Registration No. Optional	Phone (optional) Email (optional)
RECEIVED APR 13 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-5-18 **X**
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951

FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Turner	First Name Phillip	Middle Name Paul	Suffix [REDACTED]
Home Address (NC Residential Address.) 12025 Hwy 242		Mailing Address (If different than home address.) [REDACTED]	
City Bladenboro	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: ____/____/____		Previous Name (if applicable) RECEIVED APR 12 2018	
You must provide a valid NC Identification number below. (or see instructions) [REDACTED] XX - XX [REDACTED]		Voter Registration No. Optional	Phone (optional) TIME ____ REC'D BY ____ BLADEN CO. BD OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 303 Pecan St. Apt. 5C		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-1-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Paiz</u>	First Name <u>Selina</u>	Middle Name <u>Maria</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>105 Pecan St</u>		Mailing Address (If different than home address.) [REDACTED]		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>		Previous Name (if applicable) <u>Selina Craze</u>		
You must provide at least one identification number below. (or see instructions) [REDACTED] XX - XX - [REDACTED]		Voter Registration No. Optional [REDACTED]		
[REDACTED]		Phone (optional) <u>910-885-3678</u>		
[REDACTED]		Email (optional) <u>Rebecca.paiz@up4do.com</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/15/18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Cain</u>	First Name <u>Naomi</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>12924 Hwy 242 S</u>		Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u> / / </u>		Previous Name (if applicable)	
You must provide at least one identification number below (or see instructions)		TIME REC'D BY	
<u>XX - X</u>		APR 12 2018	
Voter Registration No. Optional		Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/10/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Lloyd</u>	First Name <u>Octavian</u>	Middle Name <u>Amant</u>
Home Address (NC Residential Address.) <u>204 Wright St. Apt. 34E</u>		Mailing Address (If different than home address.)
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification <u>[Redacted]</u> <input checked="" type="checkbox"/> <u>[Redacted]</u> <input type="checkbox"/>		Voter Registration No. (Optional)
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/18/18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name Prevatte		First Name Joseph		Middle Name [REDACTED]	
Home Address (NC Residential Address.) 310 Maysville Lane				Mailing Address (If different than home address.) [REDACTED]	
City Tar Heel	State NC	Zip Code 28392	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable) [REDACTED]		
You must provide at least one identification number: NC License or ID Number [REDACTED]		SSN [REDACTED]	Voter Registration No. Optional [REDACTED]		Phone (optional) [REDACTED]
			Email (optional) [REDACTED]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 461		City Tar Heel	State NC	Zip Code 28392
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information, and relationship to the voter:				
Requestor's Name [REDACTED]		<input type="checkbox"/> spouse <input type="checkbox"/> brother <input type="checkbox"/> sister <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address [REDACTED]		Name of Corporation (If appointed legal guardian) [REDACTED]		
City [REDACTED]		State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]
				Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address [REDACTED]	

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Prevatte</u>		First Name <u>Joseph</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>310 Maysville LN</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Tarheel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Voter Registration No.		Phone (optional)	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 461</u>		City <u>Tarheel</u>	State <u>NC</u>	Zip Code <u>28392</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	
			Requestor's Email <u>APR 12 2018</u> REC'D BY <u>BLADEN CO. BD. OF ELECTIONS</u>	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Prevatte</u>		First Name <u>Marguerite</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>310 Maysville Lane</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable) <u>[REDACTED]</u>		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u>		SSN <u>[REDACTED]</u>	Voter Registration No. <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>
			Email (optional) <u>[REDACTED]</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 461</u>		City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Joseph Prevatte</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother <input type="checkbox"/> sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>310 Maysville Lane</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	

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OCT 15 2018

TIME REC'D BY
BLADEN CO. BOARD OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address <u>[REDACTED]</u>

Signature of Near Relative/Legal Guardian (if applicable)

X [Signature]

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Prevatte</u>		First Name <u>Margarite</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>310 Mayville LN</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Tarheel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>X</u> SSN <u>X</u>		Voter Registration No.		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 461</u>		City <u>Tarheel</u>	State <u>NC</u>	Zip Code <u>28392</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> son-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

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APR 12 2018
REC'D BY
BLADEN CO. BD. OF ELECTIONS


For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

4/11/18 X
Date

Date

	<h1>State Absentee Ballot Request Form</h1> <p>North Carolina</p>		NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on Mar 8th 18
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information					
Last Name <u>McLean</u>		First Name <u>DEANNA</u>		Middle Name	
Home Address (NC Residential Address.) <u>96 Sykes Dr</u>			Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable)		
You must provide at least one identification: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			Voter Registration No. <i>Optional</i>	Phone (optional)	Email (optional)

Absentee Voting Information				
Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 207</u>		City <u>Tartee</u>	State <u>NC</u>	Zip Code <u>28392</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

S <u>[Redacted]</u> <u>4/11/18</u> Date	Signature of Near Relative/Guardian (if applicable) <u>X</u> Date
---	---



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the:

_____ on _____
Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name Ward		First Name Joshua		Middle Name Lewis	
Home Address (NC Residential Address.) 664 Gammon Sale Dr				Mailing Address (If different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification number (NC ID, Driver's License, etc.)			Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 13 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Lambert</u>		First Name <u>Robert</u>		Middle Name <u>Ashley</u>	
Home Address (NC Residential Address.) <u>5401 Hwy 131</u>				Mailing Address (If different than home address.) <u>5401</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladenboro</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN	Registration No.		Phone (optional)
<u>X X</u>					

RECEIVED
APR 13 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>5401 Hwy 131</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-11-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>M:V</u>		First Name <u>Sherry</u>		Middle Name <u>Marie</u>	
Home Address (NC Residential Address.) <u>191 stephies way</u>				Mailing Address (If different than home address.) <u>191 stephies way</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			<div style="text-align: center;"> RECEIVED APR 13 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS </div>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>191 stephies way</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

-13-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address:

301 S. Cypress Street
Elizabethtown NC
28337

Mailing Address:

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951

elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

Election Type (Primary, General, Municipal, Special, etc.)

on **5/18/18**

Election Date

Voter Information

Last Name Adams	First Name Dakota	Middle Name Ethan	Suffix [REDACTED]
Home Address (NC Residential Address) 357 Lennoh Bay Drive		Mailing Address (If different than home address)	
City Bladenboro	State NC	Zip Code 28320	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____		Voter Registration No. [REDACTED]	Phone (optional)

RECEIVED
APR 13 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> step-son <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/10/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED OCT 08 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Landreth</u>		First Name <u>Robert</u>		Middle Name <u>Anthony</u>	
Home Address (NC Residential Address.) <u>106 Village Street</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification number (NC Driver's License, NC ID Card, or U.S. Military ID Card)			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>106 Village Street</u>		City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/7/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name SCOTT		First Name VANTASSEL		Middle Name	
Home Address (NC Residential Address.) 209 MERCER MILL RD # 1A				Mailing Address (if different than home address.)	
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number			Voter Registration No.		
SSN			TIME REC'D BY BLADEN CO. BD. OF ELECTIONS		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 209 MERCER MILL RD APT 1A		City ELIZABETHTOWN	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

4/18/18

Date

**State Absentee Ballot Request Form**North Carolina
BLADEN COUNTYTO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
*Election Type (Primary, General, Municipal, Special, etc.) Election Date***Voter Information**

Last Name VANTASSEL		First Name SCOTT		Middle Name	
Home Address (NC Residential Address.) 209 MERCER MILL RD # 1A				Mailing Address (If different than home address.)	
City ELIZABETHTOWN		State NC	Zip Code 28337	City RECEIVED MAY 02 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence BLADEN	
If "No," indicate the date of your move: / /				Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. 00000060684		Phone (optional)
		X			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 209 MERCER MILL RD APT 1A		City ELIZABETHTOWN		State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name VANTASSEL		First Name SCOTT		Middle Name	
Home Address (NC Residential Address.) 209 MERCER MILL RD # 1A				Mailing Address (If different than home address.)	
City ELIZABETHTOWN	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: / /			Previous Name (if applicable) TIME REC'D BY BLADEN CO. BD. OF ELECTIONS		
You must provide at least one identification number (e.g., Driver's License, NC ID, etc.) X			Voter Registration No. 00000060684		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 209 MERCER MILL RD APT 1A		City ELIZABETHTOWN	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Miller</u>		First Name <u>Mary</u>		Middle Name <u>E</u>	
Home Address (NC Residential Address.) <u>6759 Twisted Hickory</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification number: NC License or ID Number <u>XX</u>		SSN <u>[REDACTED]</u>		Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
RECEIVED OCT 15 2018				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9/6/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name BROWN		First Name OLiver		Middle Name Onight	S [REDACTED]	
Home Address (NC Residential Address.) 101 P. COOMARIE LN				Mailing Address (If different than home address.)		
City COUNCIL	State NC	Zip Code 28434	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen	Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1/</u>			Registration No.	Phone (optional) 706 825-9031	Email (optional)	
You must provide at least one identification number NC License or ID Number SSN X X X		[REDACTED]				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address			Name of Corporation (If appointed)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	
			RECEIVED OCT 22 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature

Signature of Relative/Near Guardian (if applicable)

10-20-18 X

Date

Date

15



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General ELECTION on November 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Wright	Kirby	Glenn	
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)	
511 JA Carroll RD		511 JA Carroll RD	
City	State	Zip Code	City
Bladenboro	NC	28320	Bladenboro
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
		BLADEN	
If "No," indicate the date of your move:		Previous Name (if applicable)	
You must provide at least one identification number		Registration No.	Phone (optional)
NC License or ID Number			Email (optional)
SSN			
X X X			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
511 JA Carroll RD		BLADENBORO	NC	28320
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☒ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

5-12-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BOE OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name <u>Crumb</u>		First Name <u>Crystal</u>		Middle Name <u>Laven</u>	
Home Address (NC Residential Address.) <u>62 McAdams Dr</u>				Mailing Address (If different than home address.) <u>1105 Able St</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [Redacted]			Previous Name (if applicable)		
You must provide at least one identification [Redacted] <input checked="" type="checkbox"/> <input type="checkbox"/>			Voter Registration No. (Optional) [Redacted]		
			Phone (optional) [Redacted]		
			Email (optional) [Redacted]		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

7-19-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512 2400 of 2658
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
Cromartie	Lamorris	Fatir	
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
2606 Lisbon Road			
City	State	Zip Code	City
COUNCIL	NC	28434	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: / /			
You must provide at least one identification number below. ()		Registration No.	Phone (optional)
NC License or ID Number	SSN		Email (optional)
	X X X - X X		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
Jacqueline Renee Cromartie	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
2606 Lisbon Road			
City	State	Zip Code	Requestor's Phone
COUNCIL	NC	28434	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

X

X Jacqueline Renee Cromartie

10/10/18

Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Russ</u>		First Name <u>James</u>		Middle Name <u>Ryan</u>	
Home Address (NC Residential Address.) <u>177 W 7th St</u>				Mailing Address (If different than home address.)	
City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
		OCT 15 2018		
City	State	Zip Code	Requestor's Phone	Requestor's Email
			BLADEN CO. BO	OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-25-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 08 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Parker</u>		First Name <u>Trey</u>		Middle Name <u>Oneil</u>	
Home Address (NC Residential Address.) <u>4309 NC Hwy 211</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>4309 NC Hwy 211</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-6-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Munn</u>		First Name <u>Asia</u>		Middle Name <u>Yvonne</u>	
Home Address (NC Residential Address.) <u>552 Mears Rd</u>				Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/28/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

SEP 23 2010
TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Slacks</u>	First Name <u>Jessie</u>	Middle Name <u>Elizabeth</u>			
Home Address (NC Residential Address.) <u>6913 NC 242 South</u>			Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification number (NCL) <u>X</u>			Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

6-12-18 X
Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name DEWOLF		First Name LUANN		Middle Name MARIE	Suffix [REDACTED]	
Home Address (NC Residential Address.) 318 Suggs Taylor Rd				Mailing Address (If different than home address.) PO. Box 782		
City ELIZABETHTOWN	State NC	Zip Code 28337		City DUBLIN	State NC	Zip Code 28332
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence BLADEN		
If "No," indicate the date of your move: _____				Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number [REDACTED]				Voter Registration No. [REDACTED]		
				Phone (optional)		
				Email (optional)		

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: _____					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
			<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
			<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address			Name of Corporation (If appointed legal guardian)		
			RECEIVED		
City	State	Zip Code	Requestor's Phone	Requestor's Email	
				OCT 22 2018	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature [REDACTED]	Signature of Near Relative/Guardian (if applicable) X
Date Oct/20/18	Date

BE.gov to check your voter registration or absentee voting status.

V201

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

PK

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Gause</u>		First Name <u>Kimberly</u>		Middle Name <u>Walters</u>	
Home Address (NC Residential Address.) <u>85 Marvin Hammond Dr</u>				Mailing Address (If different than home address.) <u>85 Marvin Hammond Dr</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>[Redacted]</u>			Previous Name (if applicable)		
You must provide at least one identification number (NC LI [Redacted])			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>85 Marvin Hammond Dr</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/10/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

P15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Election*

Voter Information

Last Name <u>Caulder</u>		First Name <u>Lee</u>		Middle Name <u>Augustus</u>	
Home Address (NC Residential Address.) <u>414 Old Place LN</u>				Mailing Address (If different than home address.) <u>414 Old Place LN</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> <input checked="" type="checkbox"/> SSN <u>[REDACTED]</u>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>414 Old Place LN</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-12-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

60

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name GUNTHER		First Name JONATHAN		Middle Name CHARLES	
Home Address (NC Residential Address.) 1190 BLADEN UNION CHURCH RD.				Mailing Address (If different than home address.)	
City FAYETTEVILLE	State NC	Zip Code 28306	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NCI#)			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1190 BLADEN UNION CHURCH RD.		City FAYETTEVILLE	State NC	Zip Code 28306
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-29-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

 GENERAL ELECTION on NOVEMBER
 Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name PEAVEY		First Name MARKHAM		Middle Name DANIEL	
Home Address (NC Residential Address.) 68 MINES CREEK ROAD				Mailing Address (If different than home address.)	
City ST. PAULS	State NC	Zip Code 28384	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
Voter Registration No. Optional			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 68 MINES CREEK ROAD		City ST. PAULS	State N.C.	Zip Code 28384
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-31-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

AUG 22 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name DAVIS	First Name LARRY	Middle Name DEAN	Suffix MR
Home Address (NC Residential Address.) 68 mines Creek Rd		Mailing Address (If different than home address.)	
City TARHEEL	State NC	Zip Code 28384	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move:		Previous Name (if applicable)	
You must provide at least one identification SSN X		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 68 mines Creek Rd		City ST. Pauls	State NC	Zip Code 28384
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name				
		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

7-17-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)**Voter Information**

Last Name <u>Jones</u>	First Name <u>Brandon</u>	Middle Name <u>Lee</u>
Home Address (NC Residential Address.) <u>3539 N. Mitchell Ford Rd</u>		Mailing Address (If different than home address.)
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification NC License or ID Number <u>X</u> SSN <u>[REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u> Phone (optional) <u>[REDACTED]</u> Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-1-18X

Date

Date

80



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER

Election Type (Primary, General, Municipal, Special, etc.)

Elec

Voter Information

Last Name <u>Dew</u>		First Name <u>Kirsten</u>		Middle Name	
Home Address (NC Residential Address.) <u>15169 Hwy 53 west</u>				Mailing Address (If different than home address.)	
City <u>White Oak</u>		State <u>NC</u>	Zip Code <u>28399</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>				Voter Registration No. <input type="checkbox"/> Phone (optional) <input type="checkbox"/> Email (optional) <input type="checkbox"/>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>15169 Hwy 53 west</u>			City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>
If voter is registered as <u>unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-3-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 22 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

501

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Kinlaw</u>		First Name <u>Ellen</u>		Middle Name <u>Yvonne</u>	
Home Address (NC Residential Address.) <u>1028 Hanesboro</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification: NC License or ID Number _____ SSN _____			Voter Registration No. _____ Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Soback</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-14-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

2414 of 2658

501

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Kennedy</u>		First Name <u>Charlie</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>4818 Twisted Hickory</u>				Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>[REDACTED]</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>[REDACTED]</u>				Previous Name (if applicable) <u>[REDACTED]</u>	
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u>		SSN <u>[REDACTED]</u>	Voter Registration No. Optional <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>
			Email (optional) <u>[REDACTED]</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

SDZ

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Davis</u>		First Name <u>Ricky</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>5129 US 701 S Hwy</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>		
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number NC License or ID Number		SSN		Registration No. Optional	Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> <u>Unaffiliated</u> <input type="checkbox"/> Non-partisan REC'D BY: <u>BLADEN CO. BD. OF ELECTIONS</u>				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-5-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

502

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Davis</u>		First Name <u>Johnny</u>		Middle Name <u>C</u>	
Home Address (NC Residential Address.) <u>202 Harrelson Rd</u>				Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>		Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
<p>If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian</p> <p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility:</p>				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p> <p>Requestor's Name</p> <p><input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent</p> <p><input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law</p> <p><input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian</p>				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-5-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

502

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Todd</u>		First Name <u>Anthony</u>		Middle Name <u>D</u>	
Home Address (NC Residential Address.) <u>157 Shannon Dr</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee voting information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
<p>If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan</p>				
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility:</p>				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-5-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 28 2018

TIME REC'D BY
BLADEN CO. ED. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Elect

Voter Information

Last Name <u>Merritt</u>		First Name <u>Christie</u>		Middle Name <u>Moody</u>	
Home Address (NC Residential Address.) <u>2715 US Hwy, 701M.</u>				Mailing Address (If different than home address.) <u>P.O. Box 1108</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [Redacted]			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [Redacted] SSN [Redacted]			Voter Registration No. [Redacted] Optional		
[Redacted]			Phone (optional)		
[Redacted]			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1108</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

07/18/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Britt</u>		First Name <u>Caison</u>		Middle Name <u>Titus</u>	
Home Address (NC Residential Address.) <u>985 Pleasant Grove Church Road</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. <i>Optional</i>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/30/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

AUG 30 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER

Election Type (Primary, General, Municipal, Special, etc.)

Elect

Voter Information

Last Name Britt	First Name Caison	Middle Name Titus
Home Address (NC Residential Address.) 985 Pleasant Grove Church Road		Mailing Address (If different than home address.)
City Bladenboro	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number (NC License or ID Number, SSN, etc.)		Voter Registration No. (Optional)
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO Box 1535 250 Brent Lane		City Pensacola	State FL	Zip Code 32503
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)
☒ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-14-18

Date

X

Donna P. Britt

8/14/18

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

40

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Blackmon</u>		First Name <u>Donald</u>		Middle Name <u>ELVIS</u>	
Home Address (NC Residential Address.) <u>3715 US Hwy. 701 N.</u>				Mailing Address (If different than home address.) <u>P.O. Box 1108</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number _____ SSN _____			Voter Registration No. _____ Optional		Phone (optional) _____ Email (optional) _____

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1108</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) _____	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address _____

Signature of Near Relative/Legal Guardian (if applicable)

8/6/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

AUG 22 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Elect

Voter Information

Last Name Kinlaw		First Name Janet		Middle Name M	
Home Address (NC Residential Address.) 1904 West Broad St				Mailing Address (if different than home address.) Same	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC ID Number, or Social Security Number)			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)
☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-7-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Davis</u>		First Name <u>Dennis</u>		Middle Name <u>W</u>	
Home Address (NC Residential Address.) <u>2181 Guyton Rd.</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother /sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/6/18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Alambis</u>		First Name <u>Corey</u>		Middle Name <u>Wilson</u>	
Home Address (NC Residential Address.) <u>126 E Railroad St</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1303</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/22/18 X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Elec

Voter Information

Last Name <u>Bellamy</u>		First Name <u>Gary</u>		Middle Name <u>Augustus</u>	
Home Address (NC Residential Address.) <u>104 Pecan St Apt. #5B</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification NC License or ID Number			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian) TIME REC'D BY BLADEN CO. BD. OF ELECTIONS		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-20-18

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Kelly</u>		First Name <u>Nasheika</u>		Middle Name <u>Kashay</u>	
Home Address (NC Residential Address.) <u>104 Pecan St. Apt #5B</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (If applicable)		
You must provide at least one identification NC License or ID Number		SSN	Voter Registration No. Optional		Phone (optional)
[REDACTED]		[REDACTED]	[REDACTED]		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
<div style="text-align: right;"> RECEIVED OCT 04 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS </div>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-20-18

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

SEP 21 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

2427 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncs.be.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>DAWNER</u>	First Name <u>Michael</u>	Middle Name <u>Chase</u>
Home Address (NC Residential Address.) <u>8717 NC highway 131</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <u>XXXX</u> SSN <u>XXXX</u>		Registration No. Optional
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>8717 NC highway 131</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2008

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>PAIT</u>	First Name <u>Chalmers</u>	Middle Name <u>J</u>
Home Address (NC Residential Address.) <u>30 Holy Britt Court</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number NC LI <u>[REDACTED]</u> X		Phone (optional)
Voter Registration No. Optional		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-8-18 X

Date

Date



State Absentee Ballot Request Form
North Carolina

North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512

Elizabethtown

PHONE: 910-862-6951

bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election*

Voter Information

Last Name Smith		First Name James		Middle Name H	
Home Address (NC Residential Address.) 285 Sand P. Rd				Mailing Address (if different than home address.)	
City Elizabethtown		State NC	Zip Code 28337	City State Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen	
If "No," indicate the date of your move: You must provide at least one identification number: NC License or ID Number [REDACTED] SSN [REDACTED]				Previous Name (if applicable) Voter Registration No. [REDACTED] Optional Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		State		Zip Code	
<p>RECEIVED JUN 17 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS</p>							
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name				<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address				Name of Corporation (If appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax

 Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/14/18

Date _____



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Elect*

Voter Information

Last Name <u>Patliff</u>	First Name <u>Shalanta</u>	Middle Name <u>M</u>			
Home Address (NC Residential Address.) <u>813 Moultrie Lane</u>			Mailing Address (if different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-13-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
 Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Drake</u>		First Name <u>Daupha</u>		Middle Name <u>Monique</u>	
Home Address (NC Residential Address.) <u>204 Wright St. Apt 13B</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
Previous Name (if applicable)				Voter Registration No. Optional	
If "No," indicate the date of your move:				Phone (optional)	
You must provide at least one identification				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely Current Address (Address where you are currently stationed or living overseas.)		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address	
---	--	--	--

Signature of Near Relative/Legal Guardian (if applicable)

7/18/18
 Date

X

Date



State Absentee Request Form

North Carolina

RECEIVED
AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Johnson</u>		First Name <u>Jeremy</u>		Middle Name <u>O</u>	
Home Address (NC Residential Address.) <u>489 Bookertudeshon</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move:			Voter Registration No. Optional		Phone (optional)
You must provide at least one identification with your ID Number <input checked="" type="checkbox"/> <u>[Redacted]</u>			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-29-18
Date

X

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name PRIDGEN		First Name THOMASINA		Middle Name COVIEGTON		Suffix [REDACTED]	
Home Address (NC Residential Address.) 10759 S. COLLEGE ST., APT. 2C				Mailing Address (if different than home address.)			
City CLARKTON		State NC	Zip Code 28433	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]				County of Residence		Previous Name (if applicable)	
You must provide at least one identification: NC License or ID Number [REDACTED]				Voter Registration No. [REDACTED]		Phone (optional) [REDACTED] Email (optional) [REDACTED]	

RECEIVED
OCT 17 2013

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City		TIME REC'D BY BLADEN CO. BOARD OF ELECTIONS	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature

Signature of Near Relative/Guardian (if applicable)

10-9-18 X

Date

Date

SBE.gov to check your voter registration or absentee voting status.

SEE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 2658
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Pridgen</u>		First Name <u>Thomasina</u>		Middle Name <u>C</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>10759 St College St Apt 2C</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Clarkton</u>	State <u>N</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
You must provide at least one identification number below. NC License or ID Number <u>X X X - X</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code	
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

S [REDACTED]

7-29-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Nimmmons</u>		First Name <u>Nicole</u>		Middle Name <u>marie</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>10898 S College St Apt 42</u>				Mailing Address (If different than home address.)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]			Voter Registration No. Optional		Phone (optional)	Email (optional)
You must provide at least one identification number: NC License or ID Number [REDACTED]						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)
☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-29-18 X
 Date

Date



State Absentee Request Form

North Carolina

RECEIVED
AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>McKiver</u>		First Name <u>Jaron</u>		Middle Name	
Home Address (NC Residential Address.) <u>658 Avenue ave</u>				Mailing Address (If different than home address.)	
City <u>White Oak</u>		State <u>NC</u>	Zip Code <u>28399</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification [Redacted] <input checked="" type="checkbox"/> [Redacted] <input type="checkbox"/>				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-19-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Draughton</u>		First Name <u>Destane</u>		Middle Name <u>L</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>507 Martin St</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number [REDACTED]			Voter Registration No. [REDACTED]		
[REDACTED]			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-18-18
Date

X

Date



State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 04 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>THOMPSON</u>		First Name <u>TERESA</u>		Middle Name <u>ANNE</u>	
Home Address (NC Residential Address.) <u>1061 Pages Lake Rd.</u>				Mailing Address (if different than home address.)	
City <u>St. Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>1-1-</u>			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Voter Registration No. Optional		Phone (optional) <u>536-9964</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1061 Pages Lake Road</u>		City <u>St. Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8/1/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
OCT 04 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McDonald</u>	First Name <u>Jennifer</u>	Middle Name <u>Inman</u>	Suffix	Date of Birth <u>10-25-81</u>
Home Address (NC Residential Address.) <u>925 Old NC 20 Rd</u>		Mailing Address (If different than home address.)		
City <u>Saint Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification <u>[Redacted]</u>		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>925 Old NC 20 Rd</u>	City <u>Saint Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[Redacted]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-30-18 X
Date

Date

202



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2013

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Electi

Voter Information

Last Name <u>Heustess</u>		First Name <u>Sharon</u>		Middle Name _____	
Home Address (NC Residential Address.) <u>37 Storms Rd.</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification number (NC _____)			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>37 Storms Rd.</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2/8/17
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name <u>Tarrow</u>		First Name <u>Michael</u>		Middle Name <u>R</u>	
Home Address (NC Residential Address.) <u>2670 Coley Rd</u>				Mailing Address (if different than home address.)	
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>	City	State
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/> X				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
RECEIVED OCT 15 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-20-18 X

Date

Date

202
wk

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name SMITH		First Name JOSHUA		Middle Name BLAKE	
Home Address (NC Residential Address.) 389 SUNSET PARK ROAD				Mailing Address (If different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		Previous Name (if applicable)
If "No," indicate the date of your move:			Voter Registration No. Optional		Phone (optional)
You must provide at least one identification number: NC License or ID Number: [REDACTED] SSN: [REDACTED]			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepparent	<input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/27/2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Allison</u>		First Name <u>Lacy</u>		Middle Name <u>Donald</u>	
Home Address (NC Residential Address.) <u>208 Village St Apt #5A</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move:			Voter Registration No. <i>Optional</i>		Phone (optional)
You must provide at least one identification SSN <u>X</u>			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Armstrong</u>		First Name <u>James</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>302 Butler Mill Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable) <u>[REDACTED]</u>	
If "No," indicate the date of your move: <u>[REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>	Email (optional) <u>[REDACTED]</u>
You must provide at least one identification NC License or ID Number <u>[REDACTED]</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

p501

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Coston</u>		First Name <u>Robin</u>		Middle Name <u>Alisha</u>	
Home Address (NC Residential Address.) <u>258 Mckoy Rd</u>				Mailing Address (If different than home address.) <u>Same</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>		City	State	Zip Code
<p>If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan</p>				
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility:</p>				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/11/2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Elect*

Voter Information

Last Name <u>Blackwell</u>		First Name <u>Brandon</u>		Middle Name <u>E</u>	
Home Address (NC Residential Address.) <u>55 Holly Britt Court</u>				Mailing Address (If different than home address.) [REDACTED]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC ID Card, or Social Security Number) [REDACTED]			Voter Registration No. (Optional)		Phone (optional) / Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-15-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P 202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Stephens</u>		First Name <u>Destiny</u>		Middle Name <u>Hope</u>	
Home Address (NC Residential Address.) <u>310 Ronald Britt Rd.</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>310 Ronald Britt Rd.</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

08-15-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

P. 25

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>matushin</u>		First Name <u>Jennifer</u>		Middle Name <u>M</u>	
Home Address (NC Residential Address.) <u>10987 South College St</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
<p>If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference.</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input checked="" type="checkbox"/> <u>Libertarian</u> <input type="checkbox"/> Non-partisan</p> <p>REC'D BY: _____ BLADEN CO. BD. OF ELECTIONS</p>				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)
☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-23-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P.502

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name LIPOFSKI	First Name Joseph	Middle Name m
Home Address (NC Residential Address.) 40 RUSS ST		Mailing Address (if different than home address.)
City Elizabethtown	State NC	Zip Code 28337
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification: NC License or ID Number <input checked="" type="checkbox"/> X		Voter Registration No. Optional
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same	City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: RECEIVED OCT 15 2019 <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input checked="" type="checkbox"/> BLADEN CO. BD. OF ELECTIONS <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-26-18
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Election Date*

Voter Information

Last Name <u>Seals</u>		First Name <u>Victoria</u>		Middle Name <u>Ann</u>	
Home Address (NC Residential Address.) <u>2023 Sweethome Church Rd</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification: NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>OCT 15 2018</u>		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

B-26-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Seals</u>		First Name <u>Vincent</u>		Middle Name <u>E</u>	
Home Address (NC Residential Address.) <u>2025 Sweet Home Church Bl.</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification NC License or ID Number				Voter Registration No. Optional	Phone (optional)
				Email (optional)	

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>OCT 15 2018</u>	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____

BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Pope</u>		First Name <u>Joseph</u>		Middle Name <u>Ray</u>	
Home Address (NC Residential Address.) <u>779 Hickory Grove Ballpark Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28538</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number [REDACTED]			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-25-18

Date

X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

2453 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>McKoy</u>	First Name <u>Tamarcus</u>	Middle Name <u>M</u>
Home Address (NC Residential Address.) <u>390 Twisted Hickory #14</u>		Mailing Address (If different than home address.)
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification		Voter Registration No. Optional
		Phone (optional)
		Email (optional)

RECEIVED**OCT 15 2018**

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference by <u>TIME</u> <input type="checkbox"/> Democratic <input type="checkbox"/> Republican BLADEN CO. BO. OF ELECTIONS <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepparent
		<input type="checkbox"/> legal guardian	<input type="checkbox"/> mother-in-law
			<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-27-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Elect

Voter Information

Last Name Jordan		First Name Larakee		Middle Name Milligan	
Home Address (NC Residential Address.) 400 S Fish St				Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [REDACTED] SSN [REDACTED]			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference by: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan		RECEIVED OCT 15 2018 BLADEN COUNTY BOARD OF ELECTIONS		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-3-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Elect**Voter Information**

Last Name <u>Jordan</u>		First Name <u>William</u>		Middle Name <u>Buster</u>	
Home Address (NC Residential Address.) <u>400 S Fishe St</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference by: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Lauralee Butler</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>400 S Ashe St.</u>		Name of Corporation (if appointed legal guardian)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Lauralee Butler9-3-18

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
OCT 04 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) *Election Year*

Voter Information

Last Name Britt		First Name Elmer		Middle Name Steve	
Home Address (NC Residential Address.) 155 Gaston Dr				Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (e.g., Driver's License, NC ID Card, etc.)			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-3-18 **X**

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Touchton</u>		First Name <u>Ashley</u>		Middle Name <u>Nicole</u>	
Home Address (NC Residential Address.) <u>4818 Twisted Hickory</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC license or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-28-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

p.502

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Antry</u>		First Name <u>David</u>		Middle Name <u>G</u>	
Home Address (NC Resident Address) <u>615 Rosewood St Apt 4C</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification number NC License or ID Number		SSN		Registration No. Optional	Phone (optional) Email (optional)

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TIME REC'D BY
BLADEN CO. CLERK OF ELECTIONS

2459 of 2658

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Reaves</u>		First Name <u>Gina</u>		Middle Name <u>Wood</u>	
Home Address (NC Residential Address.) <u>609 W Seaboard St</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
Previous Name (if applicable)					
If "No," indicate the date of your move:					
You must provide at least one identification number (SSN, Driver's License, etc.)				Voter Registration No. (Optional)	
				Phone (optional)	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-3-18
Date

X
Date



State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 04 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Stanley</u>		First Name <u>Lisa</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>200 Village St #12D</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification NC License or ID Number				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Milton</u>		First Name <u>Robert</u>		Middle Name <u>C</u>	
Home Address (NC Residential Address) <u>810 Martin Luther King Jr Dr</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same</u>		City	State	Zip Code
RECEIVED OCT 15 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS				
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-7-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

 TIME _____ REC'D BY _____
 BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Warwick</u>		First Name <u>Edgar</u>		Middle Name <u>Gordon</u>	
Home Address (NC Residential Address.) <u>11321 Hwy 242 S</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18
 Date

X
 Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) *Ele*

Voter Information

Last Name <u>Ford</u>		First Name <u>Barbara</u>		Middle Name <u>Ann</u>	
Home Address (NC Residential Address.) <u>11321 Hwy 242 S</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Gandy</u>	First Name <u>Jay</u>	Middle Name <u>J</u>
Home Address (NC Residential Address.) <u>8940 NCHW 131</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number (SSN, Driver's License, etc.)		Voter Registration No. (Optional)
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>BLADEN CO. ED. OF ELECTIONS</u>	State <u>NC</u>	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
Requestor's Address	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-5-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>McMorrow</u>	First Name <u>Deborah</u>	Middle Name <u>Ann</u>			
Home Address (NC Residential Address.) <u>7226 Chickenfoot Rd</u>			Mailing Address (If different than home address.)		
City <u>St Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC Identification Card, or NC Voter Registration Number). <u>[Redacted]</u>			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information, and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[Redacted]</u>		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

9-6-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
OCT 04 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Smith</u>		First Name <u>Dennis</u>		Middle Name [REDACTED]	
Home Address (NC Residential Address.) <u>5867 US 701 S</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification [REDACTED] SSN [REDACTED] X			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same</u>		City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

9-6-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P40

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Tyndall</u>		First Name <u>Emily</u>		Middle Name <u>Nicole</u>	
Home Address (NC Residential Address.) <u>987 White Lake Dr</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>	Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	RECEIVED OCT 15 2018	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

09-06-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Gebo</u>		First Name <u>Shania</u>		Middle Name <u>Michelle</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>303 Pecan St #3F</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]			Voter Registration No. Optional	Phone (optional)	Email (optional)
You must provide at least one identification [REDACTED]					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-5-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

OCT 05 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Williams		First Name Broderick		Middle Name A	Suffix [REDACTED]
Home Address (NC Residential Address.) 306 Ceader St				Mailing Address (if different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number [REDACTED] SSN [REDACTED]			Voter Registration No. [REDACTED]		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)				City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>Baxley</u>	First Name <u>Daquan</u>	Middle Name <u>Tyrell</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>141 Bcm Rd</u>		Mailing Address (If different than home address.) [REDACTED]	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>bladen</u>	
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)	
You must provide at least one identification number: NC License [REDACTED]		Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-23-2018 X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ RECD BY _____

BLADEN CO. BOE OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>GAINSY</u>		First Name <u>ANTHONY</u>		Middle Name <u>J</u>	
Home Address (NC Residential Address.) <u>250 Edgewood St</u>				Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
Voter Registration No. <u>[REDACTED]</u>			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/22/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 05 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Date

Voter Information

Last Name Hall		First Name ANNIE		Middle Name M	Suffix [REDACTED]
Home Address (NC Residential Address.) 703 S Hill St			Mailing Address (if different than home address.) P.O. Box 1684		
City Elizabethtown	State NC	Zip Code 28337	City Elizabethtown	State NC	Zip Code 28337
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [REDACTED] SSN [REDACTED]			Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)	Date
[REDACTED]	0/27/18



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BOE OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Yolanda</u>	First Name <u>McKoy</u>	Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>208 Scrimson St.</u>		Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, NC ID Card, or U.S. Military ID Card)		Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-27-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on **NOVEMBER 6, 2018**

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Smith		First Name Linda		Middle Name M	Suffix [REDACTED]
Home Address (NC Residential Address.) 1103 Peanut plant Rd				Mailing Address (if different than home address.) [REDACTED]	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number [REDACTED] SSN [REDACTED]			Voter Registration No. Optional		
[REDACTED]			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

11/22/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3-1.2

RECEIVED

OCT 03 2018

2475 of 2658
NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Evans</u>	First Name <u>Tyler</u>	Middle Name <u>BreeAnna</u>
Home Address (NC Residential Address.) <u>3886 N. Mitchell Ford Road</u>		Mailing Address (if different than home address.)
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions)		Voter Registration No.
SSN <u>XXX - XX -</u>		Optional
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>3886 N. Mitchell Ford Road</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
(First) (Middle) (Last)		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 03 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter <u>[Signature]</u>	Signature of Near Relative/Guardian (if applicable) <u>X</u>
Date <u>9/30/18</u>	Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

2476 of 2658

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Barnhardt</u>		First Name <u>Sydney</u>		Middle Name <u>Lauren</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>11341 NC Hwy 53 West</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>			
City <u>White Oak</u>		State <u>NC</u>	Zip Code <u>28399</u>	City <u>[REDACTED]</u>		State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) [REDACTED] SSN <u>XXX - XX - [REDACTED]</u>				Voter Registration No.		Phone (optional)	
				Email (optional)			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City <u>[REDACTED]</u>		State <u>[REDACTED]</u>		Zip Code <u>[REDACTED]</u>	
RECEIVED OCT 04 2018 TIME RECEIVED BY BLADEN CO. BD. OF ELECTIONS							
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference by: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name (First) (Middle) (Last) (Suffix)				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address				Name of Corporation (If appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

[REDACTED]

10-4-18
Date

Signature of Relative/Near Guardian (if applicable)

X

Date



State Absentee Ballot Request Form

Exhibit 4.2.3.1.2

North Carolina

Bladen County Board of Elections
P. O. BOX 512 2477 of 2658
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lewis</u>	First Name <u>Nairobi</u>	Middle Name <u>M</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>300 Hill St</u>		Mailing Address (If different than home address.) [REDACTED]		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)	
If "No," Indicate the date of your move: <u>1/1/</u>				
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X</u> [REDACTED]		Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Matasha C Anderson</u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
Requestor's Address <u>300 Hill St</u>	Name of Corporation (if appointed legal guardian)			
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

X

X

Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Henrahan</u>	First Name <u>Tammy</u>	Middle Name <u>Seanetta</u>			
Home Address (NC Residential Address.) <u>4890 Lisbon Rd</u>		Mailing Address (if different than home address.)			
City <u>Clarkton</u>	State <u>N.C.</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>			County of Residence		
You must provide at least one identification number below (for see instructions) NC License or ID Number SSN <u>X X X</u>			Voter Registration No.	Phone (optional) <u>910-645-4796</u>	Email (optional)

Absentee Mailing Address (where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

RECEIVED

OCT 10 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10/9/2018 X
Date

10/9/18
Date

Go to [www.bladenco.org](#) to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Wright</u>		First Name <u>JANICE</u>		Middle Name <u>Ruth</u>	
Home Address (NC Residential Address.) <u>64 BAXLEY + WRIGHT LANE</u>				Mailing Address (If different than home address.) <u>P.O. BOX 601</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO BOX 601</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email TIME _____ REC'D BY _____ BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10.12.2018 X
 Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

2480 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>MOORE</u>		First Name <u>Tamara</u>		Middle Name <u>LaQuetta</u>	
Home Address (NC Residential Address.) <u>1222 Kennedy Store Rd</u>				Mailing Address (if different than home address.)	
City <u>Riegelwood</u>		State <u>NC</u>	Zip Code <u>28456</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>					
You must provide at least one identification number NC License or ID Number		SSN <u>X X</u>	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandchild <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (if appointed legal guardian) TIME REC'D BY BLADEN CO. BO. OF ELECTIONS		
City	State	Zip Code	Requestor's Phone <u>910.859.3863</u>	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

10/14/2018 X
Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Murchison</u>		First Name <u>Larrell</u>		Middle Name <u>Montale</u>	
Home Address (NC Residential Address.) <u>87 Rosmdale Rd</u>				Mailing Address (If different than home address.) <u>P.O. BOX 2732</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number <u>XX</u>		SSN <u>XXXX-XX-XXXX</u>		Registration No.	Phone (optional) <u>910-549-7321</u>
				Email (optional)	

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. BOX 2732</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Glenda Rhodie Murchison</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> son-in-law <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>P.O. BOX 2732</u>		Name of Corporation (If appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910 876-4137</u>	Requestor's Email <u>glendafrayc.gr@gmail.com</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input checked="" type="checkbox"/> REC'D BY Fax <input type="checkbox"/> Email TIME <u>10/22/2018</u> BLADEN CO. BD. OF ELECTIONS Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

Glenda Rhodie Murchison

10/11/18

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Dew</u>		First Name <u>dimmy</u>		Middle Name <u>M</u>	
Home Address (NC Residential Address.) <u>9842 Center Rd</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC License or ID Number, Issn, etc.)			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>9842 Center Rd</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 04 2013

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

10/1/13 X

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name MARTIN		First Name CHERIE		Middle Name MARIE	
Home Address (NC Residential Address.) 10127 NC 131 HWY				Mailing Address (If different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: / /			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No.	Phone (optional)	Email (optional)
X					

RECEIVED
OCT 24 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-14-18 X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: All or any applicable on _____
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name WELLS		First Name FRANCES		Middle Name MITCHELL	
Home Address (NC Residential Address.) 422 GRAYS LN.				Mailing Address (If different than home address.)	
City WHITE LAKE	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
Voter Registration No.			Phone (optional)	Email (optional)	
			862-3800	aboutenough244@gmail.com	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 422 Grays LN		City White Lake	State NC	Zip Code 28337
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother /sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City		TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	State	Zip Code
		Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

10/17/18
Date

X
Date

CSBE.gov to check your voter registration or absentee voting status.

RSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

2485 of 2658

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name	First Name	Middle Name
Warwick	Aimee	Allen
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)
114 Whiteville Rd		
City	State	Zip Code
Bladenboro	NC	28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		bladen
You must provide at least one identification number (NC LI)		Previous Name (if applicable)
X		TIME REC'D BY
		BLADEN CO. BD. OF ELECTIONS
Registration No.		Phone (optional)
Optional		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by:
	(Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-20-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS 2486 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Miller</u>		First Name <u>Jack</u>		Middle Name <u>D</u>	
Home Address (NC Residential Address.) <u>6759 Twisted Hickory</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
Identification Number SSN <u>X</u>		Voter Registration No. Optional		Phone (optional)	
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican		<div style="text-align: center;"> RECEIVED OCT 15 2018 REC'D BY BLADEN CO. BD. OF ELECTIONS </div>		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," what is the name and address of the hospital or facility:		
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-16-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 3, 2010
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Harrelson</u>		First Name <u>Clinton</u>		Middle Name <u>Bruce</u>	
Home Address (NC Residential Address.) <u>7820 NC 131</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (e.g., Driver's License, NC ID, etc.)			Voter Registration No. (Optional)		
			Phone (Optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/30/10 X
Date

Date

FAX TO 910-862-7820 FROM RONALD E. DAVIS 910-588-4084
Exhibit 4.2.3.1.2 337-6182-2488 of 2658



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name DAVIS	First Name RONALD	Middle Name EARL
Home Address (NC Residential Address.) 6476 NC 210 HWY W		Mailing Address (If different than home address.)
City GARLAND	State NC	Zip Code 28441
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN
If "No," indicate the date of your move: ____/____/____		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>		Voter Registration No. 00000055119
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

X

E.gov to check your voter registration or absentee voting status.

V2013.11

10

910+529+1419

From: Southern Bank-Garland

FAX TO: 910-862-7820 Exhibit 4.2 from PEGGY T. DAVIS 92489 of 2638 - 7531



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name DAVIS	First Name PEGGY	Middle Name TONEY
Home Address (NC Residential Address.) 6476 NC 210 HWY W		Mailing Address (If different than home address.)
City GARLAND	State NC	Zip Code 28441
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN
If "No," indicate the date of your move: / /		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Voter Registration No. 0000055140
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	State	Zip Code	Requestor's Phone
		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Sign <input checked="" type="checkbox"/>	Signature of Near Relative/Legal Guardian (if applicable) <input checked="" type="checkbox"/>
	Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Spencer</u>		First Name <u>Kristylin</u>		Middle Name <u>Lee</u>	
Home Address (NC Residential Address.) <u>107 W Poplar St</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Reyonda Gordon</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>107 W Poplar St</u>		Name of Corporation (if appointed legal guardian)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Reyonda Gordon 9-3-18

Date

Date

P.60



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Wilson</u>		First Name <u>Alice</u>		Middle Name <u>C</u>	
Home Address (NC Residential Address.) <u>1333.7 NC 87 Hwy W</u>				Mailing Address (If different than home address.)	
City <u>Tarheel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 1792</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-20-18X

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

RECEIVED

OCT 08 2018

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name PATTERSON	First Name PATRICIA	Middle Name ANN	Suffix
Home Address (NC Residential Address.) 81 SHORE RD.		Mailing Address (If different than home address.)	
City ELIZABETHTOWN	State NC	Zip Code 28337	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	
If "No," indicate the date of your move:		Previous Name (if applicable)	
Identification Number (SSN or Driver's License Number)		Voter Registration No.	Phone (optional) 910 866 4730
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 81 Shore Rd.		City Elizabeth Town	State N.C.	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Other Information

Last Name <u>PATTERSON</u>	First Name <u>Patricia</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>81 Shore Rd.</u>		Mailing Address (If different than home address.) RECEIVED APR 30 2018	
City <u>Elizabeth town</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabeth town</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN CO. BD. OF ELECTIONS</u>	
If "No," indicate the date of your move: <u>1/1/18</u>		Previous Name (If applicable)	
You must provide at least one identification number (SSN, NC License or ID Number) <u>X X X</u>		Voter Registration No.	Phone (optional)
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> grandparent
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

4/30/18
Date

X

Date

Go to [www.bladenco.org](#) to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections of 2658
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8th-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Drayton</u>		First Name <u>Welton</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>507 Martin Street</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28332</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			RECEIVED			
You must provide at least one identification number below. (or see instructions)			Voter Registration No.		Passport (optional) Email (optional)	
NC License or ID Number <u>XX</u>			SSN <u> </u>		TIME REC'D BY APR 09 2018 BLADEN CO. BD. OF ELECTIONS	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

4/5/18 X
Date

Date

Go to www.bladenco.org to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Garrell</u>	First Name <u>Renee</u>	Middle Name <u>Priest</u>	Suffix <u>[Redacted]</u>
Home Address (NC Residential Address.) <u>52 Armfield St.</u>		Mailing Address (If different than home address.) <u>52 Armfield St.</u>	
City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>	City <u>Elizabethtown</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1-1-</u>			
You must provide at least one identification number: NC License or ID Number <u>X</u> SSN <u>X</u>		Registration No.	Phone (optional)
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>52 Armfield St.</u>		City <u>Elizabethtown</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

12-18-17 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
OCT 04 2018
TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Britt		First Name Toni		Middle Name Marie		Suffix [REDACTED]	
Home Address (NC Residential Address.) 155 Gaston Dr				Mailing Address (If different than home address.) [REDACTED]			
City Bladenboro		State NC	Zip Code 28320	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen		Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]							
You must provide at least one identification number: NC License or ID Number [REDACTED] SSN [REDACTED]				Voter Registration No. Optional		Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above				City		State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address				Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-3-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
3015 Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME _____ REC'D BY _____
BLADEN CO. BOARD OF ELECTIONS

PHONE: 910-862-6951

FAX: 910-862-7802

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name CHRISTIAN		First Name VIRGIL		Middle Name HERMAN	
Home Address (NC Residential Address.) 20 WHITE OWL LOOP ROAD				Mailing Address (If different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother /sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

RECEIVED

North Carolina

SEP 21 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name BULLARD	First Name STEPHEN	Middle Name DEVON
Home Address (NC Residential Address.) 128 JA CARROLL RD		Mailing Address (If different than home address.) SAME
City BLADENBORO	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN
If "No," indicate the date of your move: [Redacted]		Previous Name (if applicable)
Identification [Redacted] X		Voter Registration No. Optional
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 128 JA CARROLL RD	City BLADENBORO	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	
Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-14-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name <u>BULLARD</u>		First Name <u>STEPHEN</u>		Middle Name <u>D</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>128 J A CARROLL Rd</u>				Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]						
You must provide at least one identification number (NC Driver's License, Voter ID, etc.) [REDACTED]			Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

1-13-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

BLADEN CO. BO. OF ELECTIONS

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6,
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Johnson</u>		First Name <u>Broadus</u>		Middle Name <u>J</u>
Home Address (NC Residential Address.) <u>46 Blue Moon Dr.</u>			Mailing Address (If different than home address.) <u>PO Box 2112</u>	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u> Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move:			Registration No. Optional	Phone (optional) Email (optional)
You must provide at least one identification number NC License <u>[REDACTED]</u>				

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-27-2018

X

Date

Date

TO: BLADEN COUNTY BOARD OF ELECTIONS



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____

BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Ele

Voter Information

Last Name <u>Batten</u>		First Name <u>Kristy</u>		Middle Name <u>Renee</u>	
Home Address (NC Residential Address.) <u>419 Elizabethtown Rd Apt 2</u>				Mailing Address (If different than home address.) <u>419 Elizabethtown Rd Apt 2</u>	
City <u>Bladenboro</u>	State <u>Nc</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>Nc</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number _____			Voter Registration No. _____		
_____			Phone (optional)		
_____			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-1-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Soles		First Name Sonya		Middle Name Christine	Suffix [REDACTED]
Home Address (NC Residential Address.) 209 W Walnut 3A				Mailing Address (If different than home address.) [REDACTED]	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen	Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]			Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-318 X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name GRIFFIN		First Name GLORIA		Middle Name WARD	
Home Address (NC Residential Address.) 1798 NC 11 HWY				Mailing Address (If different than home address.)	
City KELLY	State NC	Zip Code 28448	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: / /			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN X	Voter Registration No. 0000055730	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information, and relationship to the voter:				
Requestor's Name <u>Gina P. Ward</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>1798 NC Hwy 11</u>		Name of Corporation (If appointed legal guardian)		
City <u>Kelly</u>	State <u>NC</u>	Zip Code <u>28448</u>	Requestor's Phone <u>910-234-0119</u>	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X Gina P. Ward

Date

Date



State Absentee Ballot Request Form

North Carolina

received
2/23/18

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Griffin	First Name Gloria	Middle Name Ward	Suffix
Home Address (NC Residential Address.) 1798 NC HWY 11		Mailing Address (If different than home address.)	
City KELLY	State NC	Zip Code 28448	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence BLADEN	
If "No," indicate the date of your move: ____/____/____		Previous Name (if applicable)	
Voter Registration No. (Optional) X X X - X X		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name Gina P Ward		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address 1798 NC HWY 11		Name of Corporation (If appointed legal guardian)		
City Kelly	State NC	Zip Code 28448	Requestor's Phone 910-234-0118	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X *Gina P. Ward*

Date

Date



State Absentee Ballot Request Form

RECEIVED

North Carolina

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Rouse</u>		First Name <u>Rondrecus</u>		Middle Name <u>Montelle</u>	
Home Address (NC Residential Address.) <u>204 Wright St. Apt 11B</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC Identification Number <u>X</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-20-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Belamy</u>		First Name <u>Ulonda</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>419 Elizabethtown Rd #12</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number			Voter Registration No. <i>Optional</i>	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-1-18 X
 Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

Exhibit 4.2.3.1.2

2507 OF 2688



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name

ROUSE

First Name

TAMIKA

Middle Name

ANDRE

Suffix

Home Address (NC Residential Address.)

PO BOX 1004

Mailing Address (If different than home address.)

City

WHITEVILLE

State

NC

Zip Code

28472

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: / /

County of Residence

Bladen

Previous Name (if applicable)

You must provide at least one identification

NC License or ID Number

SSN

X

Registration No.

Optional

Phone (optional)

Email (optional)

RECEIVED
OCT 05 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☒ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☒ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

X

10/1/2018
Date

your voter registration or absentee voting status.

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on May 8 - 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Dudley</u>	First Name <u>Brandi</u>	Middle Name <u>Nicole</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>438 South Ash St, Apt. 3</u>		Mailing Address (If different than home address.) <u>2325 Hwy 211 East</u>	
City <u>Badenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Clarkton</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable) RECEIVED
If "No," indicate the date of your move: <u>1/1</u>		Registration No.	Phone <u>910 633-3657</u>
You must provide at least one identification number NC License or ID Number <u>SSN [REDACTED]</u> <u>X X</u>		TIME <u>MAR 27 2018</u> REC'D BY BLADEN CO. BO. OF ELECTIONS	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2325 Hwy 211</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

OR Signature of Near Relative/Legal Guardian (if applicable)

2-28-18
Date

X
Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>BARNWELL</u>		First Name <u>CARNELL</u>		Middle Name	
Home Address (NC Residential Address.) <u>312 MCKOY ST</u>				Mailing Address (If different than home address.) <u>P.O. BOX 1524</u>	
City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. BOX 1524</u>		City <u>ELIZABETHTOWN</u>	State <u>N.C.</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-30-18X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEM
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Baker</u>		First Name <u>Sharon</u>		Middle Name <u>Diane</u>	
Home Address (NC Residential Address.) <u>303 Pecan St Apt. #40</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
You must provide at least one identification _____			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-20-18 X

Date



State Absentee Ballot Request Form

North Carolina

AUG 17 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Lee</u>		First Name <u>Tara</u>		Middle Name <u>M</u>	
Home Address (NC Residential Address.) <u>2094 Flower Mill Rd Apt 2B</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC Driver's License Number _____ NC Identification Number _____ Social Security Number _____ <input checked="" type="checkbox"/>			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)
☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-8-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5-8-18

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name Dove		First Name Jerry		Middle Name W	
Home Address (NC Residential Address.) 453 Gabe Johnson Dr				Mailing Address (if different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number: [REDACTED] SSN: [REDACTED] X			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

02/28/2018 X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

Exhibit 4.2.3.1.2

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 52513 of 2658
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Sones</u>	First Name <u>John</u>	Middle Name <u>E</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>10759 S. College St Apt 1D</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>		County of Residence <u>Bladen</u>	Previous Name (if applicable)
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>XXX - XX [REDACTED]</u>		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address

Si

Signature of Near Relative/Legal Guardian (if applicable)

7/20/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>JONES</u>	First Name <u>Sohn</u>	Middle Name <u>Elmo</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>1075 S College St APT 10</u>		Mailing Address (If different than home address.)		
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (If different than above)	
If "No," indicate the date of your move:		TIME	REC'D BY	
You must provide at least one identification number		Bladen Co. Board of Elections	APR 02 2018	
X		Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>above</u>	City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-19-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 23 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Ma Kenzie</u>		First Name <u>Kristen</u>		Middle Name <u>Monique</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>908 M + M Street</u>				Mailing Address (If different than home address.) <u>908 M + M Street</u>		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)		
If "No," indicate the date of your move: <u>1/1/</u>			Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)	
[REDACTED] ion number below. (or see instructions) SSN <u>X X X - X X - [REDACTED]</u>						

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>908 M + M Street</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-22-18 X

Date

Date



25

Exhibit 4.2.3.1.2

2516 of 2658

State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on 5-8-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>WARD</u>		First Name <u>WILLIAM</u>		Middle Name <u>MORRIS</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>1461 MITCHELL FORD RD.</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>					
You must provide at least one identification number NC License or ID Number <u>X X</u>		Registration No.	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 416</u>		City <u>CLARKTON</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <u>[REDACTED]</u> <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) RECEIVED		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>

Signature of Near Relative/Legal Guardian (if applicable)

2-18-17
Date

X
Signature

Date

822-1521



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS
PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>DAVIS</u>		First Name <u>Amy</u>		Middle Name <u>Andrietta</u>	
Home Address (NC Residential Address.) <u>104 Pecan St #1C</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC ID, Driver's License, etc.)			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

3.12.18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Washington</u>		First Name <u>Shameeka</u>		Middle Name <u>Yvonne</u>	
Home Address (NC Residential Address.) <u>204 Wright St Apt 11</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification SSN <u>X</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

7-20-18
Date

X

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 04 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 2520 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Belamy</u>		First Name <u>Miriam</u>		Middle Name <u>[REDACTED]</u>	
Home Address (NC Residential Address) <u>303 Pecan Street Apt 1A</u>				Mailing Address (If different than home address) <u>[REDACTED]</u>	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>[REDACTED]</u>		Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification NC License or ID Number <u>[REDACTED]</u>		Email (optional)			

Absentee Mailing Address (Where should the ballot be mailed?)

<u>Same</u>	City	State	Zip Code
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If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.☐ Democratic☐ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 13 2018

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>MOORE</u>	First Name <u>Rudolph</u>	Middle Name	SSN <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>200 Village ST APT-9-B</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: _____		Registration No.	Phone
You must provide at least one identification number (SSN, Driver's License, etc.) <u>[REDACTED]</u> <u>[REDACTED]</u>		Email	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>514ME 145 Above</u>	City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: _____			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely
- Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

OR Signature of Near Relative/Legal Guardian (if applicable)

1-4-18
Date

[Signature]
Date



State Absentee Ballot Request Form

North Carolina

2522 of 2658

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McLean</u>		First Name <u>Shantell</u>		Middle Name	
Home Address (NC Residential Address.) <u>1171 Graham Rd</u>				Mailing Address (if different than home address.)	
City <u>Riegelwood</u>		State <u>NC</u>	Zip Code <u>28456</u>	City <u>Riegelwood</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>		Voter Registration No.		Phone (optional)	
You must provide at least one identification number below. (or see instructions)		SSN <u>X X</u>		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1171 Graham Rd</u>				City <u>Riegelwood</u>		State <u>NC</u>		Zip Code <u>28456</u>	
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan									
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
If "Yes," what is the name and address of the hospital or facility:									
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:									
Requestor's Name (First) (Middle) (Last) (Suffix)				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address				Name of Corporation (if appointed legal guardian)					
City		State		Zip Code		Requestor's Phone		Requestor's Email	

RECEIVED
OCT 03 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

10/1/18 X
Date

Date

Go to www.bladenco.org to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

Bladen County Board of Elections

P. O. BOX 512

Elizabethtown, NC 28337 2523 of 2658

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Byrd</u>		First Name <u>Amber</u>		Middle Name <u>Nicole</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>126 Johnson Farm Rd</u>				Mailing Address (If different than home address.) <u>[REDACTED]</u>			
City <u>Ivanhoe</u>		State <u>NC</u>	Zip Code <u>28447</u>	City <u>Ivanhoe</u>		State <u>NC</u>	Zip Code <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1</u>				Voter Registration No.		Phone (optional)	Email (optional)
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X X - X X - [REDACTED]</u>				Voter Registration No.		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>126 Johnson Farm Rd</u>		City <u>Ivanhoe</u>		State <u>NC</u>	Zip Code <u>28447</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City		State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 22 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable)

10-22-18 X

Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

Exhibit A-23-12

2524 of 2658

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election on November 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Wike</u>		First Name <u>KenShaun</u>		Middle Name <u>Derrell</u>	
Home Address (NC Residential Address.) <u>65 King Tut's Ct</u>				Mailing Address (If different than home address.) <u>Same</u>	
City <u>Riegelwood</u>		State <u>NC</u>	Zip Code <u>28456</u>	City	State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1</u>					
You must provide at least one identification number below. (or see instructions)				Voter Registration No.	Phone (optional)
NC License or ID Number				Optional	Email (optional)
SSN <u>X X</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>65 King Tut's Ct</u>				State <u>NC</u>	Zip Code <u>28456</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name <u>Pamela Denise Long</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
(First) (Middle) (Last)		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
Requestor's Address <u>65 King Tut's Ct</u>		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
City <u>Riegelwood</u>		State <u>NC</u>	Zip Code <u>28456</u>	Name of Corporation (if appointed legal guardian)	
		Requestor's Phone <u>910-617-9969</u>	Requestor's Email	RECEIVED OCT 30 2018	

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primacy
Election Type (Primary, General, Municipal, Special, etc.)

on 5-8-18
Election Date

Voter Information

Last Name <u>Walters</u>	First Name <u>Kayla</u>	Middle Name <u>Noel</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>15048 NC Hwy 242 S</u>		Mailing Address (if different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, ID Card, or Social Security Number)		Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>15048 NC Hwy 242 S</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely.	
Current Address (Address where you are currently stationed or living overseas.) <u>15048 NC Hwy 242 S</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/16/18
Date

Date

202



State Absentee Ballot Request

North Carolina

RECEIVED
MAR 13 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown NC 28337

 PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
 Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
 Election Date

Voter Information

Last Name <u>Packer</u>	First Name <u>Russell</u>	Middle Name <u>Alexander</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>738 storms road</u>		Mailing Address (if different than home address.) [REDACTED]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____			
[REDACTED] tion number below. (or see instructions) SSN <u>X X X - X X</u> [REDACTED]		Voter Registration No.	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-20-17
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

OCT 03 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Ivey</u>	First Name <u>Zachery</u>	Middle Name <u>Jordan</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>10850 Center Road</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number [REDACTED] X		Voter Registration No. [REDACTED] Optional		
Phone (optional)		Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)
☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6-26-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 2528 of 2658

Physical Address

301 S Cypress Street
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown NC 28337

PHONE: 910-862-6951
 elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Leach</u>		First Name <u>Hazel</u>		Middle Name	
Home Address (NC Residential Address.) <u>9862 Lisbon Rd.</u>				Mailing Address (If different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> <input checked="" type="checkbox"/> <u>[REDACTED]</u> <input type="checkbox"/>			Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 10 2018

TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-9-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Richards</u>	First Name <u>Kayla</u>	Middle Name <u>S.</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>706 Chestnut St. Apt 28</u>		Mailing Address (If different than home address.) [REDACTED]		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>		Previous Name (if applicable)		
Y N [REDACTED] number below. (optional)		Voter Registration No. [REDACTED]	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

BY
ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

3-25-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 2018 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

201

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Avant</u>		First Name <u>Brenda</u>		Middle Name <u>Faye</u>	
Home Address (NC Residential Address.) <u>324 E Popular St</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence	
If "No," indicate the date of your move: <u>1/1/18</u>				Previous Name (if applicable)	
You must provide at least one identification num NC License or ID Number		SSN <u>X X</u>		Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/3/18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

502

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Campbell</u>		First Name <u>Leslie</u>		Middle Name <u>A</u>	
Home Address (NC Residential Address.) <u>64 Shannon Dr</u>				Mailing Address (if different than home address.)	
City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number NC License or ID Number		SSN <u>X X</u>	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>Clarkton</u>	State <u>NC</u>	Zip Code <u>28433</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/3/18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5/8/18
Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix	Date of Birth
Edwards	Victoria	Gail		
Home Address (NC Residential Address.)			Mailing Address (If different than home address.)	
401 Anne St				
City	State	Zip Code	City	State
Bladenboro	NC	28330		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	
If "No," indicate the date of your move: ____/____/____			Bladen	
You must provide at least one identification number below. (or see instructions)			Voter Registration No.	Phone (optional)
NC [REDACTED] XX - XX [REDACTED]			Optional	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
Same				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-9-18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on

5-8-18
Election Date

Voter Information

Last Name <u>Fletcher</u>		First Name <u>Kendrea</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>303 Pecan St. Apt. 5C</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
Do you have at least one identification number? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely.

Current Address (Address where you are currently residing, including overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

C'D BY

OF ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

AUG 22 2013

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER

Election Type (Primary, General, Municipal, Special, etc.)

Electi

Voter Information

Last Name <u>Lewis</u>		First Name <u>Kelsey</u>		Middle Name <u>Rae</u>	
Home Address (NC Residential Address.) <u>1525 Tar Heel rd</u>				Mailing Address (If different than home address.)	
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification number (NC ID, Driver's License, etc.)			Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6/29/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

EXHIBIT 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: MUNICIPAL ELECTION on 11/07/2017
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lewis</u>	First Name <u>Kelsey</u>	Middle Name <u>Rae</u>
Home Address (NC Residential Address.) <u>1525 Tar Heel Rd</u>		Mailing Address (If different than home address.)
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move: <u>1/1/</u>		Previous Name (if applicable)
You must provide at least one identification number (NC License or ID Number, SSN, or Voter Registration No.) NC License or ID Number <u>X X</u>		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 537</u>		City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

2.9.18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Stevens</u>		First Name <u>Sharyn</u>		Middle Name <u>Siler</u>	
Home Address (NC Residential Address.) <u>56 Davis Farm Rd.</u>				Mailing Address (If different than home address.)	
City <u>St. Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification: NC License or ID Number <u>X</u> SSN <u>[REDACTED]</u>			Voter Registration No.		Phone (optional) <u>[REDACTED]</u>
			Email (optional) <u>sharynsstevens@gmail.com</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>56 Davis Farm Rd.</u>		City <u>St. Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email <u>[REDACTED]</u>

RECEIVED

TIME 11:08 REC'D BY [REDACTED]
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-25-2018 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

TRAUDULENLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 153 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General Election on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>JACKSON</u>	First Name <u>Thomas</u>	Middle Name <u>Dee</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address) <u>527 Lino Oak Methodist Rd.</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1-1-1</u>			
You must provide at least one identification number below. (or see instructions) <u>[REDACTED] XX - XX [REDACTED]</u>		Voter Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>527 Lino Oak Methodist Rd.</u>		City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose x primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter, may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-22-18 X
Date

10-22-18
Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>JACKSON</u>	First Name <u>William</u>	Middle Name <u>NEIL</u>	Suffix
Home Address (NC Residential Address.) <u>484 PAGES LAKE RD.</u>		Mailing Address (If different than home address.) <u>P.O. BOX 496</u>	
City <u>SAINT PAULS</u>	State <u>NC</u>	Zip Code <u>28384</u>	City <u>DUBLIN</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>BLADEN</u>	
If "No," indicate the date of your move: <u>1-1</u>		Previous Name (if applicable)	
You must provide at least one identification number below (for see instructions) NC License or ID Number <u>XX</u> SSN <u>[REDACTED]</u>		Voter Registration No.	Phone (optional)
		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. BOX 496 DUBLIN</u>		City <u>DUBLIN</u>	State <u>NC</u>	Zip Code <u>28332</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

1-17-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

EXHIBIT 4.2.3.1.2

2539 of 2658

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name

First Name

Middle Name

Home Address (NC Residential Address.)

Mailing Address (If different than home address.)

City

State

Zip Code

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move:

You must provide at least one identification

NC License or ID Number

SSN

X

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.

☐ Democratic

☐ Republican

☐ Libertarian

☐ Non-partisan

If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse

☐ brother/sister

☐ parent

☐ grandparent

☐ stepparent

☐ child

☐ grandchild

☐ stepchild

☐ mother-in-law

☐ father-in-law

☐ son-in-law

☐ daughter-in-law

☐ legal guardian

Requestor's Address

Name of Corporation (If appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐

Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐

U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Piece</u>		First Name <u>Jody</u>		Middle Name <u>E</u>	
Home Address (NC Residential Address.) <u>2959 NC Hwy 131 S</u>				Mailing Address (if different than home address.)	
City <u>Threee</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable) RECEIVED APR 12 2018	
If "No," indicate the date of your move: <u>1-1</u>					
You must provide at least one identification number NC License or ID Number		SSN	Voter Registration No.		Phone (optional) / Email (optional) BLADEN CO. BD. OF ELECTIONS
<u>X X</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/5/18
Date

X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

60

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Fisher</u>	First Name <u>Chrystal</u>	Middle Name <u>marie</u>	Suffix <u>ms</u>
Home Address (NC Residential Address.) <u>1123 NC Hwy 20 E</u>		Mailing Address (If different than home address.) [REDACTED]	
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28392</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: [REDACTED]			
You must provide at least one identification [REDACTED] <input checked="" type="checkbox"/> X		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 233</u>	City <u>TARHEEL</u>	State <u>NC</u>	Zip Code <u>28392</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/1/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Elect

Voter Information

Last Name <u>CLARK</u>		First Name <u>SEAN</u>		Middle Name <u>Patrick</u>	
Home Address (NC Residential Address) <u>9265 Chickenfoot Road</u>				Mailing Address (If different than home address.)	
City <u>St Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification SSN <u>X</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>9265 Chickenfoot Rd. St Pauls</u>		City <u>St Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

6 Sep-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Kelly	First Name Peggy	Middle Name Spell	Suffix [REDACTED]
Home Address (NC Residential Address.) 2791 Grimsley Farm Rd		Mailing Address (If different than home address.) [REDACTED]	
City Bladenboro	State NC	Zip Code 28320	City Bladenboro
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	
If "No," indicate the date of your move: [REDACTED]		Previous name (if pp 2018) RECEIVED MAR 27 2018	
You must provide at least one identification number (NC ID, Driver's License, etc.) [REDACTED]		Voter Registration No. [REDACTED]	
Phone (optional) [REDACTED]		Email (optional) [REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 2791 Grimsley Farm Rd	City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: [REDACTED]			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2/22/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

5-8-2016

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name

First Name

Middle Name

KELLY

PEGGY

SPELL

Home Address (NC Residential Address.)

2791 GREMSLEY FARM ROAD

Mailing Address (if different than home address.)

Same

City

BLADENBORO

State

NC

Zip Code

28320

City

State

Zip Code

Have you lived at this address for more than 30 days? ☐ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move:

You must provide at least one identification num

NC License or ID Number

SSN

Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

2791 GREMSLEY FARM ROAD

City

BLADENBORO

State

NC

Zip Code

28320

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.☐ Democratic☒ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse☐ brother/sister☐ parent☐ grandparent☐ stepparent☐ child☐ grandchild☐ stepchild☐ mother-in-law☐ father-in-law☐ son-in-law☐ daughter-in-law☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

RECEIVED
MAR 26 2016

Signature of Near Relative/Legal Guardian (if applicable)

X

ONS

3/2/18

Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL

2545 of 2658



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on Election Date
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name CANNON		First Name LINDA		Middle Name A	Suffix [REDACTED]
Home Address (NC Residential Address.) 73 MOBILE RD.				Mailing Address (If different than home address.) [REDACTED]	
City CLARKTON	State NC	Zip Code 28433	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence [REDACTED]		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable) [REDACTED]		
You must provide at least one identification NC License or ID Number [REDACTED]		SSN [REDACTED]	Registration No. [REDACTED]	Phone (optional) [REDACTED]	Email (optional) [REDACTED]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 73 MOBILE RD		City CLARKTON	State NC	Zip Code 28433
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name [REDACTED]		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address [REDACTED]		Name of Corporation (if appointed legal guardian) [REDACTED]		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	Requestor's Email TIME [REDACTED] REC'D BY [REDACTED] BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address [REDACTED]

Sig

Signature of Near Relative/Guardian (if applicable)

10-2-18 X

Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

TO: BLADEN COUNTY BOARD OF ELECTIONS



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2013

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Canady</u>		First Name <u>Herbert</u>		Middle Name <u>E</u>	
Home Address (NC Residential Address.) <u>2810 W. Broad St</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-6-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Singletary	First Name Michael	Middle Name Ar drew			
Home Address (NC Residential Address.) 19197 NC 410 Hwy					
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: / /			County of Residence Bladen		
You must provide at least one identification (SSN, Driver's License, etc.) X			Voter Registration No.		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 19197 NC 410 Hwy		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix) RECEIVED		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address OCT 25 2018		Name of Corporation (if appointed legal guardian)		
City	TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	State	Zip Code	Requestor's Phone
		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-19-18 X
Date

Date

allot from www.NCSBE.gov if any of the pre-printed information above is incorrect.
BE.gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL

2546 of 2658



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name SINGLETERY		First Name MICHAEL		Middle Name ANDREW		Suffix [REDACTED]	
Home Address (NC Residential Address.) 19197 NC 410 HWY.				Mailing Address (if different than home address.)			
City BLADENBORO	State NC	Zip Code 28320	City		State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		Previous Name (if applicable) RECEIVED		
If "No," indicate the date of your move:			Voter Registration No. Optional		Phone (optional) 001 1-2-2018		
You must provide at least one identification [REDACTED]			TIME		REC'D BY BLADEN CO. BD. OF ELECTIONS		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 19197 NC 410 Hwy		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable)

10-10-18 X

Date

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

RECEIVED
OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Clark</u>	First Name <u>Cynthia</u>	Middle Name <u>Fay</u>
Home Address (NC Residential Address.) <u>9265 ChickenFoot Rd</u>		Mailing Address (If different than home address.)
City <u>St. Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number [Redacted]		Phone (optional)
[Redacted]		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely
 Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-6-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lewis</u>	First Name <u>David</u>	Middle Name <u>Jr.</u>	Suffix [REDACTED]
Home Address (NC Residential Address) <u>404 Quail St</u>		Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: [REDACTED]			
You must provide at least one identification number (NC Driver's License, NC ID Card, or US Passport) [REDACTED]		Voter Registration No. (Optional)	Phone (optional)
			Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/20/18
Date

X

Date

Not Done

1260



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Faison</u>		First Name <u>Nakeya</u>		Middle Name <u>Rachelle</u>	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>5933 Chickenfoot Rd</u>				Mailing Address (If different than home address.)		
City <u>St Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>	City	State <u>NC</u>	Zip Code <u>28384</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)		
If "No," indicate the date of your move:						
You must provide at least one identification number (NC Driver's License, NC ID Card, or U.S. Social Security Number)			Voter Registration No. (Optional)	Phone (optional)	Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>5933 Chickenfoot Rd</u>		City <u>st Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> sibling <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If requested by a corporation)		
City	State	Zip Code	Requestor's Phone	

RECEIVED
OCT 15 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)


Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/4/18 X

Date

Date

	<h1>State Absentee Ballot Request Form</h1> <h2>North Carolina</h2>		NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES

I am requesting an absentee ballot for the: Mid Term on 6 Nov 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information					
Last Name Walton		First Name Shannon		Middle Name	
Home Address (NC Residential Address.) 186 winery way			Mailing Address (If different than home address.) 701 Jefferson Ave APT 117		
City Saint Pauls	State NC	Zip Code 28384	City South Boston	State VA	Zip Code 24592
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen County		
If "No," indicate the date of your move: ____/____/____			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number		SSN X	Voter Registration No.		Phone (optional) Email (optional) ncnurse0500@yahoo.com

Absentee Voting Information					
Absentee Mailing Address (Where should the ballot be mailed?) 701 Jefferson Ave APT 117			City South Boston		State VA
					Zip Code 24592
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name			<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)	Signature of Near Relative/Guardian (if applicable)
<u>23 Oct 2018</u> X	
Date	Date

BE.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Atkins</u>	First Name <u>Joshua</u>	Middle Name <u>Lee</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>41 Frederick Britt Rd.</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable) RECEIVED
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>		Voter Registration No. Optional	Phone (optional) <u>APR 13 2018</u> Email (optional)
You are eligible to vote if you are a U.S. citizen and a resident of North Carolina. Your voter registration number is <u>[REDACTED]</u> . (or see instructions)		TIME <u> </u> REC'D BY <u> </u> BLADEN CO. BD. OF ELECTIONS	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother /sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
Requestor's Email			

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3-30-18
Date

X
Date

202



State Absentee Ballot Request Form

North Carolina

RECEIVED
MAR 13 2018

TO: Bladen County Board of Elections
Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

RECEIVED BY: BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Atkins</u>	First Name <u>Joshua</u>	Middle Name <u>Lee</u>	SSN [REDACTED]
Home Address (NC Residential Address.) <u>41 Facedrick/britt</u>		Mailing Address (if different than home address.) [REDACTED]	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1-1-18</u>			
You must provide at least one identification number NC License or ID Number <u>XX</u> SSN <u>XX</u>		Registration No.	Phone
			Email

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

OR Signature of Near Relative/Legal Guardian (if applicable)

1-17 X
Date

Date

check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED
OCT 04 2018

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General

on

11-6-18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Beeding</u>	First Name <u>Kimberly</u>	Middle Name <u>N</u>	Suffix [REDACTED]		
Home Address (NC Residential Address.) <u>209 W Walnut</u>			Mailing Address (If different than home address.) <u>#3C</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28820</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Registration No.	Phone	Email	

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (or Signature of Near Relative/Legal Guardian (if applicable)) <u>[REDACTED]</u>	Date <u>11-29-18</u>
--	-------------------------

Go to www.ncsos.gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

RECEIVED
SEP 21 2018

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election
Voter Information

Last Name JOHNSON		First Name DAVID		Middle Name LEE	
Home Address (NC Residential Address.) 3813 MARSH ROAD				Mailing Address (if different than home address.)	
City BLADENBORO		State NC	Zip Code 28320		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence BLADEN	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number NC License or ID Number		SSN		Voter Registration No. Optional	Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME AS ABOVE			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

 8-18-18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Owens</u>		First Name <u>Annie</u>		Middle Name <u>MS Kay</u>	Suffix
Home Address (NC Residential Address.) <u>390 Twisted Hickory #4</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <u>[Redacted]</u> SSN <u>[Redacted]</u> X			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-28-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>OWENS</u>		First Name <u>ANNIE</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>390 Twisted Hickory Rd Apt. 4</u>				Mailing Address (If different than home address.) RECEIVED	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>APR 11 2018</u>	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN CO. BO. OF ELECTIONS</u>		
If "No," indicate the date of your move:					
You must provide at least one identification number: NC License or ID Number <u>X</u>					
Voter Registration No. Optional		Phone (optional)		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☒ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/10/18

Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
10-02-2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Reinecker</u>		First Name <u>Tracey</u>		Middle Name <u>L.</u>	
Home Address (NC Residential Address.) <u>306 Lennon Drive</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. (Optional)		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/25/18
Date

X

Date



Exhibit A 2312

2560 of 2658

State Absentee Ballot Request Form
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>Reinecker</u>		First Name <u>Tracey</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>306 Lennan Dr.</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (If applicable)		
You must provide at least one identification number: NC License or ID Number			Voter Registration No.	Phone (optional)	Email (optional)
SSN <u>XX-XX-XXXX</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>303 Pecan Street Apt 8B</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
				REC'D BY: <u>APR 12 2018</u> BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

4/10/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Shackley</u>		First Name <u>Dara</u>		Middle Name <u>R</u>	
Home Address (NC Residential Address.) <u>4511 River Rd</u>				Mailing Address (if different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28399</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>[REDACTED]</u>			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <u>[REDACTED]</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>[REDACTED]</u>	State <u>NC</u>	Zip Code <u>28399</u>
<p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference RECEIVED <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input checked="" type="checkbox"/> LIBERAL BLADEN CO. BD. OF ELECTIONS <input type="checkbox"/> Non-partisan</p>				
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is the name and address of the hospital or facility:</p>				
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-31-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS ^{2562 of 2658}

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election*

Voter Information

Last Name Morris		First Name Johnny		Middle Name	
Home Address (NC Residential Address.) 10898 S College St Apt 47A				Mailing Address (if different than home address.)	
City Clarkton		State NC	Zip Code 28433	City	State
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Bladen	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. Optional	Phone (optional)	Email (optional)
X X					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
<p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.</p> <p><input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan</p>				
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9/16/18
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P501

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Elec

Voter Information

Last Name McDowell		First Name Harold		Middle Name J	
Home Address (NC Residential Address.) 3314 Peanut Plant Rd				Mailing Address (If different than home address.)	
City Elizabethtown	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City		State		Zip Code	
<p>If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.</p> <p><input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan</p>							
<p>If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>							
If "Yes," what is the name and address of the hospital or facility:							
<p>If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:</p>							
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address		Name of Corporation (if appointed legal guardian)					
City	State	Zip Code	Requestor's Phone		Requestor's Email		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-28-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Ms. Dowell</u>		First Name <u>Harold</u>		Middle Name	Suffix	Date of Birth
Home Address (NC Residential Address.) <u>390 Twisted Hickory Rd Apt 4</u>				Mailing Address (if different than home address.) RECEIVED		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>APR 11 2018</u>	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u> PREVIOUS NAME (if applicable) CO. BD. OF ELECTIONS			
If "No," indicate the date of your move:						
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> <input checked="" type="checkbox"/>			Voter Registration No. <u>[REDACTED]</u> Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/10/18

Date

X

Date



State Absentee Ballot Request Form
North Carolina

RECEIVED

OCT 05 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 2565 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Jessup</u>		First Name <u>Kendra</u>		Middle Name <u>Janine</u>	
Home Address (NC Residential Address.) <u>5504 Hwy 53 west</u>				Mailing Address (If different than home address.)	
City <u>White Oak</u>		State <u>NC</u>	Zip Code <u>28399</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number		SSN <u>X</u>	Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/27/18
Date

X
Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

2566 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name

Grimley

First Name

Linda

Middle Name

Michelle

Home Address (NC Residential Address.)

3065 NC Hwy 20

Mailing Address (If different than home address.)

City

Saint Pauls

State

NC

Zip Code

28384

City

State

Zip Code

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

If "No," indicate the date of your move: ____/____/____

County of Residence

Bladen

Previous Name (If applicable)

Linda Cogburn

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

Same as above

City

State

Zip Code

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.☐ Democratic☐ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

RECEIVED

OCT 15 2018

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse☐ brother/sister☐ parent☐ grandparent☐ stepparent☐ child☐ son-in-law☐ daughter-in-law☐ mother-in-law☐ father-in-law

Requestor's Address

Name of Corporation (If appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9/7/18

Date

X

Date

202

Exhibit 4.2.3.1-2



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections 2567 of 2658

Physical Address: 301 S Cypress Street, Elizabethtown NC 28337
Mailing Address: PO Box 512, Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>McCabe</u>		First Name <u>Carson</u>		Middle Name <u>E</u>	
Home Address (NC Residential Address.) <u>349 GASTON DR</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move:			RECEIVED MAR 27 2018		
You must provide at least one identification number (NCL#)			Registration No. Optional	Phone (optional)	Email (optional)
				BLADEN	CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

3-23-18
Date

X

Date

60



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hendrix</u>	First Name <u>Kelly</u>	Middle Name	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>1568 Tar Heel Rd.</u>		Mailing Address (If different than home address.)	
City <u>Tar Heel</u>	State <u>nc</u>	Zip Code <u>28392</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move:			
You must provide at least one identification number [REDACTED]		Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6/16/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hendrix</u>		First Name <u>Kelly</u>		Middle Name	Suffix
Home Address (NC Residential Address.) <u>1568 Tar Heel Rd.</u>				Mailing Address (If different than home address.)	
City <u>Tar Heel</u>	State <u>NC</u>	Zip Code <u>28389</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification SSN <u>[REDACTED]</u>			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>407 Victoria Dr</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-11-17 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 17 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) *Election*

Voter Information

Last Name <u>Smith-Rich</u>		First Name <u>Caroline</u>		Middle Name <u>Lynette</u>	
Home Address (NC Residential Address.) <u>204 Wright St. Apt. #A5</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification: NC License or ID Number <u>[redacted]</u> SSN <u>[redacted]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/20/18
Date

X
Date

Date



State Absentee Ballot Request Form

North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name monroe	First Name john	Middle Name	Suffix
Home Address (NC Residential Address.) 3435 mercer mill rd		Mailing Address (If different than home address.)	
City elizabethtown	State nc	Zip Code 28337	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: / /		County of Residence Bladen	Previous Name (if applicable)
You must provide at least one identification number (SSN, Driver's License, etc.) X X		Registration No.	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 195 willoughby ave apt 407		City brooklyn	State ny	Zip Code 11205
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting on absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

RECEIVED

TIME REC'D BY

TIME REC'D BY

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10/23/18

X

Date

Date

NCsbe.gov to check your voter registration or absentee voting status.

RECEIVED

AUG 23 2018

Received by FAXed

2572 of 2658



TIME _____ REC'D BY SPW
BLADEN CO. BD. OF ELECTIONS

State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on Tues Nov-6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Dellinger</u>	First Name <u>Allison</u>	Middle Name <u>Dumas</u>	Suffix [REDACTED]
Home Address (NC Residential Address.) <u>1394 BayTree Dr.</u>		Mailing Address (If different than home address.) <u>1205 S. Main St.</u>	
City <u>Harrells</u>	State <u>NC</u>	Zip Code <u>28444</u>	City <u>Blacksburg</u>
Have you lived at this address for more than 30 days? If "No," indicate the date of your move: [REDACTED]		State <u>VA</u>	Zip Code <u>24060</u>
County of Residence <u>Bladen</u>		Previous Name (if applicable)	
Voter Registration No. [REDACTED]		Phone (optional)	Email (optional) <u>allid94@vt.edu</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1205 S. Main St.</u>		City <u>Blacksburg</u>	State <u>VA</u>	Zip Code <u>24060</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

08/23/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Lesane</u>		First Name <u>Bethany</u>		Middle Name <u>Marie</u>	
Home Address (NC Residential Address.) <u>24891 NC Hwy 87 East</u>				Mailing Address (If different than home address.)	
City <u>Riegelwood</u>		State <u>NC</u>	Zip Code <u>28456</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1/1/</u>				Phone (optional)	Email (optional)
You must provide at least one identification number: NC License or ID Number <u>XX</u> SSN <u>[REDACTED]</u>				Voter Registration No.	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)				City <u>Riegelwood</u>	State <u>NC</u>	Zip Code <u>28456</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan						
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
If "Yes," what is the name and address of the hospital or facility:						
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:						
Requestor's Name (First) (Middle) (Last) (Suffix)				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address				Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email		

RECEIVED

OCT 12 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

10/12/18 X
Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on May 8, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Owens</u>		First Name <u>Terri</u>		Middle Name <u>Lee</u>	
Home Address (NC Residential Address.) <u>1101 Pine Ridge Circle</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28328</u>	City	Zip Code	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>	Previous Name (if applicable)	
If "No," indicate the date of your move:			TIME REC'D BY MAR 27 2018	BLADEN CO. BD. OF ELECTIONS	
You must provide at least one identification number (NC License, Driver's License, etc.)			Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter: X Signature of Near Relative/Legal Guardian (if applicable): X
Date: _____



State Absentee Ballot Request Form

North Carolina

2575 of 2658

Bladen County Board of Elections

P. O. BOX 512

Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McLean</u>		First Name <u>Chaboya</u>		Middle Name <u>Latrece</u>	
Home Address (NC Residential Address.) <u>1171 Graham rd</u>				Mailing Address (if different than home address.) [REDACTED]	
City <u>Biegelwood</u>		State <u>NC</u>	Zip Code <u>28450</u>	City	State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>/ /</u>		Voter Registration No.		Phone (optional)	Email (optional)
You must provide at least one identification number below. (or see instructions)		[REDACTED]		[REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1171 Graham rd</u>		State <u>NC</u>	Zip Code <u>28450</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent	<input type="checkbox"/> stepparent
(First) (Middle) (Last) (Suffix)	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law	<input type="checkbox"/> father-in-law
Requestor's Address	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian		

Requestor's Address		Name of Corporation (if appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

RECEIVED

OCT 03 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

10/3/18 X

Date

Date

Go to [http://www.bladenco.org](#) to check your voter registration or absentee voting status.

TO: BLADEN COUNTY BOARD OF ELECTIONS



State Absentee Request Form

North Carolina

AUG 22 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Lucas</u>		First Name <u>John</u>		Middle Name <u>A</u>	
Home Address (NC Residential Address.) <u>40 Womack Way</u>				Mailing Address (If different than home address.)	
City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1879 White Lake</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Date

TO: BLADEN COUNTY BOARD OF ELECTIONS



State Absentee Ballot Request Form

North Carolina RECEIVED

AUG 22 2018

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Lucas</u>		First Name <u>Ellen</u>		Middle Name <u>T</u>	
Home Address (NC Residential Address.) <u>40 Womack Way</u>				Mailing Address (if different than home address.)	
City <u>Whitelake</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification: NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1879 Whitelake Dr</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/8/18 X
 Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: _____ on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name BUTLER		First Name MARY		Middle Name A		Suffix [REDACTED]	
Home Address (NC Residential Address.) 1857 NC 410 HWY.				Mailing Address (If different than home address.)			
City BLADENBORO		State NC	Zip Code 28320	City		State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: [REDACTED]				Voter Registration No.		Phone (optional)	Email (optional)
You must provide at least one identification: NC License or ID Number [REDACTED] SSN [REDACTED]				Optional			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian		Non-partisan	
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. If "Yes," what is the name and address of the hospital or facility:		TIME _____ REC'D BY _____ BLADENCO BO. OF ELECTIONS	
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name (First) (Middle) (Last) (Suffix)		Relationship to voter: <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

[REDACTED]
Date

X
Date

Go to sboe.gov to check your voter registration or absentee voting status.

SEE FOR ADDITIONAL INFORMATION



State Absentee Ballot Form

North Carolina

OCT 04 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Butler</u>		First Name <u>Mary</u>		Middle Name <u>Alice</u>	
Home Address (NC Residential Address.) <u>549 W. Hwy 410 APT 3-D</u>					
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	Mailing Address (if different than home address.)		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			City		
If "No," indicate the date of your move: _____			County of Residence <u>Bladen</u>		
You must provide at least one identification SSN <u>[REDACTED]</u> <input checked="" type="checkbox"/>			Previous Name (if applicable)		
			Voter Registration No. Optional		Phone (optional)
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely
 Current Address (Address where you are currently stationed or living overseas.)

 Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

 9-7-18 X
 Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT-05-2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 2580 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>McKiver</u>		First Name <u>Katasha</u>		Middle Name <u>Nicole</u>	
Home Address (NC Residential Address.) <u>5664 Hwy 53 W</u>				Mailing Address (If different than home address.)	
City <u>White Oak</u>	State <u>NC</u>	Zip Code <u>28349</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification: NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/27/18 X
Date

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL on 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name HARWARD	First Name KEITH	Middle Name ALLEN	Suffix [REDACTED]
Home Address (NC Residential Address.) 106 CROMARTIE RD.		Mailing Address (If different than home address.) [REDACTED]	
City ELIZABETHTOWN	State NC	Zip Code 28337	City [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence [REDACTED]	
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable) [REDACTED]	
You must provide at least one identification: NC License or ID Number [REDACTED] SSN [REDACTED] <input checked="" type="checkbox"/> Other [REDACTED]		Voter Registration No. [REDACTED] Phone (optional) [REDACTED] Email (optional) [REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 106 CROMARTIE RD		City ELIZABETHTOWN	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix) [REDACTED]		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address City State Zip Code [REDACTED]		Name of Corporation (if appointed legal guardian) [REDACTED]		
Requestor's Phone [REDACTED]		Requestor's Email [REDACTED]		

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address [REDACTED]	

Signature of Near Relative/Guardian (if applicable)

X

Date

Visit www.NCSBE.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION

**State Absentee Ballot Request Form**
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on _____
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>Gibson</u>	First Name <u>Tiffany</u>	Middle Name <u>Dineen</u>	Suffix
Home Address (NC Residential Address.) <u>706 Chestnut Street #33</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>	Previous Name (if applicable)
If "No," indicate the date of your move: _____		Registration No.	Phone (optional)
You must provide at least one identification number: NC License or ID Number <u>XXX</u>		Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>706 Chestnut Street #33</u>		City <u>Bladenboro</u>	State <u>N.C.</u>	Zip Code <u>28320</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 04 2011**For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)**

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

14-18X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 2583 of 2658

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name Morrison		First Name Samantha		Middle Name	
Home Address (NC Residential Address.) 349 Gaston Dr				Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Driver Registration No. Optional	Phone (optional)	Email (optional)

RECEIVED

OCT 04 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) Same as above		City	TIME REC'D BLADEN CO. BD. OF ELECTIONS	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

9-3-18 X

Date

Date

262



State Absentee Ballot Request Form

North Carolina

RECEIVED

MAR 13 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>MORRISON</u>		First Name <u>SAMANTHA</u>		Middle Name <u>J</u>	
Home Address (NC Residential Address.) <u>104 Pecan St Apt. 56</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NCL#)			Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 554</u>		City <u>Dublin</u>	State <u>N.C.</u>	Zip Code <u>28332</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

1-4-18 X
Date

1-
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Gilleland</u>		First Name <u>Dianne</u>		Middle Name <u>H</u>	
Home Address (NC Residential Address.) <u>32 Womackway</u>				Mailing Address (if different than home address.)	
City <u>Whitelake</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>159 TIGIF ST Lot #42</u>		City <u>Whitelake</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>William C. Gilleland</u>		<input checked="" type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>32 Womackway</u>		Name of Corporation (if appointed legal guardian)		
City <u>Whitelake</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X William C. Gilleland 8-8-2018

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)**Voter Information**

Last Name <u>MELVIN</u>		First Name <u>DONALD</u>		Middle Name <u>GRADEN</u>	
Home Address (NC Residential Address.) <u>222 TURTLE COVE DRIVE</u>				Mailing Address (If different than home address.)	
City <u>White Lake</u>		State <u>Nc</u>	Zip Code <u>28337</u>	City	State
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification				Voter Registration No. Optional	Phone (optional)
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>222 TURTLE COVE DR</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-23-18 X

Date

Date



NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election on 11-6-2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name Miles		First Name Evelyn		Middle Name Horne	
Home Address (NC Residential Address.) 550 Martin Gourd Rd.				Mailing Address (If different than home address.) 1771 Zion Church Rd.	
City Clarkton	State NC	Zip Code 28422	City Sanford	State NC	Zip Code 27330
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: / /			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number		SSN X	Voter Registration No.	Phone (optional) 910-872-4191	Email (optional) bob.k.miles@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1771 Zion Church Rd.		City Sanford	State NC	Zip Code 27330
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 17 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

10-14-18
Date

X

Date

gov to check your voter registration or absentee voting status.



NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Statewide General Election on 11-6-2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name Miles		First Name Robert		Middle Name Keith	
Home Address (NC Residential Address.) 550 Martin Gourd Rd.				Mailing Address (If different than home address.) 1771 Zion Church Rd.	
City Clarkton	State NC	Zip Code 28422	City Sanford	State NC	Zip Code 27330
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move: <u> </u> / <u> </u> / <u> </u>			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number		SSN X		Phone (optional) 910-872-4191	Email (optional) bob.k.miles@gmail.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1771 Zion Church Rd.		City Sanford	State NC	Zip Code 27330
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
OCT 17 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

10-14-2018 X

Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Byrd</u>		First Name <u>Carol</u>		Middle Name <u>Lynn</u>	
Home Address (NC Residential Address.) <u>214 Edwards Ave</u>				Mailing Address (If different than home address.) <u>Same</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number (NC Driver's License, State ID, etc.)			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 04 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/31/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina RECEIVED

AUG 22 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

2590 of 2658

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

40

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Heath</u>		First Name <u>Eric</u>		Middle Name <u>J</u>	
Home Address (NC Residential Address.) <u>141 Womack Way</u>				Mailing Address (If different than home address.)	
City <u>White Lake</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>				Voter Registration No. Optional	Phone (optional)
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
		<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
		<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

E-E-16X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
NOV 04 2018

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

202

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Monroe</u>	First Name <u>Timothy</u>	Middle Name <u>H</u>
Home Address (NC Residential Address.) <u>12023 Hwy 242 S</u>		Mailing Address (If different than home address.)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move:		Previous Name (if applicable)
You must provide at least one identification number: NC License or ID Number <u>X</u> SSN <u>[REDACTED]</u>		Voter Registration No. (Optional)
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother /sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 17 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>James</u>		First Name <u>James</u>		Middle Name <u>G</u>	
Home Address (NC Residential Address.) <u>319 Princess Lane</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/14/18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
OCT 08 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Belton</u>		First Name <u>Rhonda</u>		Middle Name <u>F</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>3332 Jack Richardson Rd</u>				Mailing Address (If different than home address.)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move:						
You must provide at least one identification number NC License or ID Number		SSN <u>XX</u>	Voter Registration No. Optional		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>3332 Jack Richardson Rd.</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-8-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Belton</u>		First Name <u>Rhonda</u>		Middle Name <u>F.</u>	
Home Address (NC Residential Address.) <u>3332 Jack Richardson Rd.</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/18</u>			TIME REC'D BY <u>MAY 01 2018</u>	BLADEN CO. BD. OF ELECTIONS	
You must provide at least one identification number NC License or ID Number <u>XX</u> SSN <u>XX</u>			Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>3332 Jack Richardson Rd</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Rhonda F. Belton</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>3332 Jack Richardson Rd</u>		Name of Corporation (if appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone <u>910-764-6894522</u>	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/30/18 X

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jones</u>		First Name <u>Austyn</u>		Middle Name <u>Unique</u>			
Home Address (NC Residential Address.) <u>47 Back Dr Clarkton</u>				Mailing Address (If different than home address.)			
City <u>Clarkton</u>		State <u>NC</u>	Zip Code <u>28433</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," Indicate the date of your move: <u>1/1/</u>							
You must provide at least one identification number below. (or see instructions)				Voter Registration No.		Phone (optional)	Email (optional)
NC License or ID Number		SSN				<u>910 549 0776</u>	
<u>X X X</u>		<u>X X X</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)				City		State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.							
<input checked="" type="checkbox"/> Democratic		<input type="checkbox"/> Republican		<input type="checkbox"/> Libertarian		<input type="checkbox"/> Non-partisan	
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address				Name of Corporation (if appointed legal guardian)			
City				State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 15 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Relative/Near Guardian (if applicable)

X

Date

Date

ov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina RECEIVED

AUG 22 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

 Physical Address
 301 S Cypress St
 Elizabethtown NC
 28337

 Mailing Address
 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Hessler</u>		First Name <u>Leo</u>		Middle Name <u>G</u>	
Home Address (NC Residential Address.) <u>81 land lane</u>				Mailing Address (if different than home address.)	
City <u>White lake</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/>			Voter Registration No. Optional Phone (optional) Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/8/18 X
 Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on 11/06/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name VARIS		First Name HELENE		Middle Name RAMELIA	
Home Address (NC Residential Address.) 17145 NC 131 HWY				Mailing Address (If different than home address.)	
City BLADENBORO	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: / /			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. 00000052409	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Jens L. Lutz</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input checked="" type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>17145 NC 131 Hwy</u>		Name of Corporation (If appointed legal guardian)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	Requestor's Phone <u>910 7360600</u>	Requestor's Email <u>Firejockey62@yahoo.com</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4-2.3.1-2

2598 of 2658

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name	First Name	Middle Name	State
Jokela	Margorie	Kurmy	NC
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)	
23 Wilson		1879 White Lake Dr.	
City	State	Zip Code	City
White Lake	NC	28337	Elizabethtown
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: 1/1		Bladen	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
SSN: X X X		000060292	910-986-7145

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		State	Zip Code
1879 White Lake Dr. #7211		NC	28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.			
<input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		Relationship	
(First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent	
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law	
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (If appointed legal guardian)	
City		State	Zip Code
Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Voter (voter only)

Signature of Relative/Near Guardian (if applicable)

0-4-2018 X

Date

Go to [http://www.bladen.org](#) to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Jokela</u>		First Name <u>MARJORIE</u>		Middle Name <u>KURMAY</u>	
Home Address (NC Residential Address.) <u>23 Wilson St</u>				Mailing Address (If different than home address.) <u>1879 White Lake Dr #7211</u>	
City <u>White Lake</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable)		
You must provide at least one identification number (SSN, Driver's License, etc.) <u>[REDACTED]</u> <u>[REDACTED]</u> <u>[REDACTED]</u>			Voter Registration No. <u>0000060292-1</u>		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1879 White Lake Dr #7211</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
APR 18 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

04/18/2018 X
Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>JOKELA</u>		First Name <u>ROBERT</u>		Middle Name <u>WAIN</u>		Suffix <u>[REDACTED]</u>	
Home Address (NC Residential Address.) <u>23 WILSON ST.</u> <u>1987 WHITE LAKE DR. #</u>				Mailing Address (If different than home address.) <u>1987 WHITE LAKE DR. #</u>			
City <u>WHITE LAKE</u>		State <u>NC</u>		Zip Code <u>28337</u>		City <u>ELIZABETHTOWN</u>	
State <u>NC</u>		Zip Code <u>28337</u>		City <u>ELIZABETHTOWN</u>		State <u>NC</u>	
Zip Code <u>28337</u>		County of Residence <u>BLADEN</u>		Previous Name (if applicable)			
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Voter Registration No. <u>000060291-4</u>			
If "No," indicate the date of your move: <u>1/1</u>				Phone (optional) <u>910</u> Email (optional) <u>986 7145</u>			
Social Security Number (SSN) <u>XX XX XXX</u>				Voter Registration No. <u>000060291-4</u>			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1879 WHITE LAKE DR # 7211</u>		City <u>ELIZABETHTOWN</u>		State <u>NC</u>		Zip Code <u>28337</u>	
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>N/A</u>							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name (First) (Middle) (Last) (Suffix)				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address				Name of Corporation (if appointed legal guardian)			
City		State		Zip Code		Requestor's Phone	
Requestor's Email							

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable)

10/4/2018 X

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951
elections@bladenco.org

(910) 862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>JOKELA</u>		First Name <u>ROBERT</u>		Middle Name <u>WAIN</u>	
Home Address (NC Residential Address.) <u>23 WILSON ST.</u> <u>1879 WHITE LAKE DR #7211</u>				Mailing Address (if different than home address.) <u>1879 WHITE LAKE DR #7211</u>	
City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move: <u>1/1/18</u>			Previous Name (if applicable)		
You must provide at least one identification number SSN <u>XX</u>		Voter Registration No. <u>00000</u> <u>00291-1</u>		Phone (optional) <u>910</u> <u>986-7145</u>	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1879 WHITE LAKE DR #7211</u>		City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

APR 18 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

04/18/2018 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

2018 General Election on
Election Type (Primary, General, Municipal, Special, etc.)

11-6-2018
Election Date

Voter Information

Last Name Jenkins	First Name Karen	Middle Name Michelle	Suffix
Home Address (NC Residential Address.) 80 McCloud Ln		Mailing Address (if different than home address.)	
City Kelly	State NC	Zip Code 28448	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Bladen	Previous Name (if applicable)
If "No," indicate the date of your move: ____/____/____			
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number [REDACTED]		SSN X X X - X X - [REDACTED]	Email (optional) michellej1123@icloud.com

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 106 Spring Chase Ln		City Rocky Pt	State NC	Zip Code 28457
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 22 2018

TIME ____ REC'D BY ____
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.):

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-19-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Burney</u>		First Name <u>Teresa</u>		Middle Name <u>A</u>	
Home Address (NC Residential Address.) <u>7585 Hwy 53 West</u>				Mailing Address (If different than home address.)	
City <u>Whiteoak</u>		State <u>NC</u>	Zip Code <u>28399</u>	City	State
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification document:				Voter Registration No. Optional	Phone (optional)
				Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
<p>RECEIVED OCT 15 2010 BLADEN CO. BD. OF ELECTIONS</p>				
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)


Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/31/10X

Date

Date

	<h2 style="margin: 0;">State Absentee Ballot Request Form</h2> <p style="margin: 0;">North Carolina</p>	NC STATE BOARD OF ELECTIONS P. O. BOX 27255 RALEIGH, NC 27611-7255 PHONE: 1-866-522-4723 FAX: 919-715-0135 elections.sboe@ncsbe.gov
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FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information					
Last Name <u>Barfield</u>		First Name <u>Christopher</u>		Middle Name	
Home Address (NC Residential Address.) <u>175 Armfield St Unit 3</u>			Mailing Address (If different than home address.)		
City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28337</u>	<div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center;">APR 11 2018</div>		
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," indicate the date of your move: <u>1/1/</u>			County of Residence Previous Name (if applicable) <u>TIME REC'D BY</u> <u>BLADEN CO. BD. OF ELECTIONS</u>		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <div style="border: 1px solid black; width: 100px; height: 40px; background-color: black; margin: 5px auto;"></div>			Voter Registration No. Phone (optional) Email (optional) Optional		

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 281</u>			
City <u>Dublin</u>		State <u>NC</u>	Zip Code <u>28332</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable) <u>4-10-18</u> X	Date
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15



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections
PO Box 512
Elizabethtown, NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>PLEASANT</u>		First Name <u>MARTIN</u>		Middle Name <u>F</u>	
Home Address (NC Residential Address.) <u>178 WEST FIFTH STREET</u>				Mailing Address (If different than home address.)	
City <u>ELIZABETHTOWN</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification number: NC License or ID Number		SSN	Registration No.	Phone	Email
<u>X X</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Voter (voter only) _____ OR Signature of Near Relative/Legal Guardian (if applicable) _____
Date 10-3-17 X _____ Date _____

Go to [www.bladenco.org](#) to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on NOVEMBER

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name Corbett		First Name Willie		Middle Name J	
Home Address (NC Residential Address.) 70 Corbett Drive				Mailing Address (If different than home address.)	
City Kelly	State NC	Zip Code 28445	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian		OCT 29 2018		
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No		RECEIVED BY BLADEN CO. BD. OF ELECTIONS		
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X 10 24

18

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P502

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Conklin</u>		First Name <u>Reba</u>		Middle Name <u>Ann</u>	
Home Address (NC Residential Address.) <u>209 Mercer Mill Rd Apt 1C</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>	Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot type: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-6-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: Bladen County Board of Elections 2608 of 2658

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Conkling</u>		First Name <u>Reba</u>		Middle Name <u>A</u>	
Home Address (NC Residential Address.) <u>209 Mercer Mill Rd Apt 1-C</u>				Mailing Address (If different than home address.) <u>Same</u>	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
Previous Name (if applicable)					
If "No," indicate the date of your move:					
You must provide at least one identification number: NC License or ID Number <u>[redacted]</u> SSN <u>[redacted]</u>				Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

RECEIVED

APR 10 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/9/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

PRIMARY

on

MAY 8 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name Smith		First Name Stephanie		Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) 525 MARTIN RD				Mailing Address (If different than home address.) SAME		
City Elizabethtown	State NC	Zip Code 28337		City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move: [REDACTED]				[REDACTED]		
You must provide at least one identification number NC License or ID Number [REDACTED]				Registration No. Optional	Phone (optional)	Email (optional) RECEIVED APR 09 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) SAME		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/5/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name Powell		First Name John		Middle Name J	
Home Address (NC Residential Address.) 10075 NC 131 Unit #2				Mailing Address (If different than home address.)	
City Bladenboro	State NC	Zip Code 28320	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) P.O. Box 66		City Bladenboro	State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-1-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.)

on

Election Date

Voter Information

Last Name	First Name	Middle Name	Suffix
LOCKLEAR	MARILYN	DENICE	
Home Address (NC Residential Address.)		Mailing Address (if different than home address.)	
2015 Hwy 211 W			
City	State	Zip Code	City
Clariton	NC	28433	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move:		Bladen	
You must provide at least one identification number (NCL)		Voter Registration No. <input type="checkbox"/> Optional	Phone (optional) <input type="checkbox"/> Email (optional) <input type="checkbox"/>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)	City	TIME	REC'D BY	State	Zip Code
P.O. BOX 52	Clariton		BLADEN CO. BD. OF ELECTIONS	NC	28433
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.					
<input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent				
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law				
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian				
Requestor's Address	Name of Corporation (if appointed legal guardian)				
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

2-28-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Wilson</u>	First Name <u>Joey</u>	Middle Name <u>Michele</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1702 Marsh Rd</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:		Previous Name (if applicable)		
You must provide at least one identification [REDACTED]		Voter Registration No. Optional	Phone (optional)	Email (optional) <u>joeywilson2007@gmail.com</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>1702 Marsh Rd.</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

RECEIVED

SEP 06 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-31-2018
Date

X

Date

15



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

~~General~~ Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Wilson</u>	First Name <u>Joey</u>	Middle Name <u>Michelle</u>	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>1702 Marsh Rd</u>		Mailing Address (if different than home address.) [REDACTED]		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence		
If "No," indicate the date of your move: [REDACTED]		Previous Name (if applicable)		
You must provide at least one identification [REDACTED]		Voter Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as Above</u>	City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone
			Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-21-17 X
Date

Date

201
w

State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name FELTWELL	First Name TERESA	Middle Name HESTER
Home Address (NC Residential Address.) 502 5th STREET		Mailing Address (If different than home address.) PO BOX 1017
City BLADENBORO	State NC	Zip Code 28320
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City BLADENBORO
County of Residence BLADEN		State NC
Previous Name (if applicable)		Zip Code 28320
If "No," indicate the date of your move:		Phone (optional)
You must provide at least one identification number: NC License or ID Number [REDACTED] SSN [REDACTED]		Email (optional)
Voter Registration No. [REDACTED]		Optional

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) PO BOX 1017		City BLADENBORO	State NC	Zip Code 28320
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email
<div style="text-align: center;"> RECEIVED SEP 25 2018 TIME REC'D BY BLADEN CO. BD. OF ELECTIONS </div>				

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/2/2018 X

Date



State Absentee Request Form

North Carolina

AUG 17 2018

 TIME _____ REC'D BY _____
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

 PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
 Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Singleton</u>		First Name <u>Gloria</u>		Middle Name <u>ANN</u>	
Home Address (NC Residential Address.) <u>510 Mercer mill Rd</u>				Mailing Address (if different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification (ESN) <input checked="" type="checkbox"/>			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

 2-13/18 X
 Date

Date



Absentee Ballot Request Form

TO: CUMBERLAND COUNTY BOARD OF ELECTIONS
227 FOUNTAINHEAD LANE
FAYETTEVILLE, NC 28301

PHONE: 910-678-7733 FAX: 910-678-7738
absentee@co.cumberland.nc.us

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Election Type (Primary, General, Municipal, Special, etc.) on

Election Date

Voter Information					
Last Name FAIRCLOTH		First Name SARAH		Middle Name PARKER	
Home Address (NC Residential Address.) 4979 BURNLEY FORD RD			Mailing Address (If different than home address.) PO Box 111		
City CLARKTON	State NC	Zip Code 28433	City DUBLIN	State NC	Zip Code 28233
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: 1/1/18			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN X X	Registration No.	Phone (optional)	Email (optional)

Absentee Voting Information			
Absentee Mailing Address (Where should the ballot be mailed?) PO Box 111		City DUBLIN	State NC
		Zip Code 28233	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address		Name of Corporation (If appointed legal guardian)	
City	State	Zip Code	Requestor's Phone
			Requestor's Email

RECEIVED

APR 13 2018

TIME REC'D BY

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)	
Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

Date

Go to [http://www.nc.gov](#) to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951 (910) 862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Thompson</u>		First Name <u>James (JR)</u>		Middle Name <u>Henry</u>	
Home Address (NC Residential Address.) <u>6822 Johnsonstown Rd</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Driver Registration No.	Phone (optional)	Email (optional)
<u>X X</u>					

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>Marlene Thompson</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input checked="" type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>6823 Johnsonstown Rd</u>		Name of Corporation (If appointed legal guardian)		
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	Requestor's Phone	Requestor's Email
			RECEIVED APR 19 2018	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/legal Guardian (if applicable)

*Marlene Thompson 4-19-18

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

AUG 22 2018

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

60

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Holloway</u>		First Name <u>Nicole</u>		Middle Name <u>McDonald</u>	
Home Address (NC Residential Address.) <u>737 Old NC 20 Rd</u>				Mailing Address (If different than home address.)	
City <u>St Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>	City <u>St Pauls</u>	State <u>NC</u>	Zip Code <u>28384</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/1</u>			Previous Name (if applicable) <u>Nicole Rose McDonald</u>		
You must provide at least one identification number: NC License or ID Number <u>X</u> SSN <u>X</u>		Voter Registration No. Optional		Phone (optional) Email (optional)	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7/1/18
X

Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

RECEIVED
OCT 08 2015
TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: midterm general on 11-6-15
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name BULLOCK		First Name NATALIE		Middle Name ROCHELLE	
Home Address (NC Residential Address.) 9236 CHICKENFOOT RD.				Mailing Address (if different than home address.)	
City SAINT PAULS	State NC	Zip Code 28384	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: _____			Previous Name (if applicable)		
Voter Registration No. _____			Phone (optional) _____		
Email (optional) _____			Email (optional) _____		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 9236 Chickenfoot Road		City Saint Pauls	State NC	Zip Code 28384
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: _____				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent		
		<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law		
		<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Guardian (if applicable)

9-29-18
Date

X

Date

NCsbe.gov to check your voter registration or absentee voting status.

SEE PAGE 2 FOR ADDITIONAL INFORMATION



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 2620 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hester</u>		First Name <u>Patsy</u>		Middle Name <u>Jackson</u>	
Home Address (NC Residential Address.) <u>328 Ash St</u>				Mailing Address (if different than home address.)	
City <u>Bladenboro</u>		State <u>NC</u>	Zip Code <u>28330</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. Optional		Phone (optional) Email (optional)

RECEIVED

OCT 04 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

202



State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address
301 S Cypress Street
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS
PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>FAIRCLOTH</u>		First Name <u>JESSICA</u>		Middle Name <u>LORRAINE</u>	
Home Address (NC Residential Address.) <u>605 CHESNUT ST</u>				Mailing Address (If different than home address.)	
City <u>BLADENBORO</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification number (NC ID, Driver's License, etc.)		Voter Registration No. (Optional)		Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3.12.18
Date

X

03-12-18
Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

 TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

 301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

 PO Box 512
 Elizabethtown

PHONE: 910-862-6951

FAX: 910-862-7820

bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

 I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Dowless</u>		First Name <u>Sandra</u>		Middle Name <u>Hooks</u>	
Home Address (NC Residential Address.) <u>303 Pecan St Apt 3F</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification			Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-28-18
 Date

X

Date

change of
2623 of 2658
address

State Absentee Ballot Request Form

North Carolina

TO: Bladen County Board of Elections

Physical Address

301 S Cypress Street
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on MAY 8 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>DOWLESS</u>	First Name <u>SANDRA</u>	Middle Name <u>K</u>	Suffix	Date [REDACTED]
Home Address (NC Residential Address.) <u>04 HARMON ST</u>		Mailing Address (if different than home address.)		
City <u>WHITE LAKE</u>	State <u>N.C.</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)	
If "No," indicate the date of your move:				
You must provide at least one identification number. NCID [REDACTED] X		Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 7284</u>	City <u>WHITE LAKE</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.

☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

3/29/18
Date

X

Date



State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 22 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 2624 of 2658
Physical Address: 301 S Cypress St, Elizabethtown NC 28337
Mailing Address: PO Box 512, Elizabethtown
PHONE: 910-862-6951 FAX: 910-862-7820
bladen.boe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hightsmith</u>		First Name <u>Teresa</u>		Middle Name <u>Gardner</u>	
Home Address (NC Residential Address) <u>1024 Sleepy Creek Dr</u>				Mailing Address (if different than home address.)	
City <u>Harrells</u>		State	Zip Code	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Previous Name (if applicable)	
If "No," indicate the date of your move:				Voter Registration No. Phone (optional) Email (optional)	
You must provide at least one identification NC License or ID Number SSN				Optional	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

8-6-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
SEP 21 2018

TIME _____ REC'D BY _____
BLADEN CO. BO. OF ELECTIONS

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

2625 of 2658

Cheryl
Ginger
15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name	First Name	Middle Name
Suggs	Allison	MARGARET
Home Address (NC Residential Address.)		Mailing Address (If different than home address.)
58 Kitty Lane		
City	State	Zip Code
Bladenboro	n.c.	28380
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence
If "No," indicate the date of your move:		Bladen
You must provide at least one identification number (NC License or ID Number, SSN, or Voter Registration No. Optional)		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-28-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

2626 of 2658

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Thompson</u>	First Name <u>Adam</u>	Middle Name <u>D</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>2751 Hwy 410</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move: <u>1-1</u>			
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		Registration No.	Phone (optional)
			Email (optional)

Absentee Mailing

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

12-26-17
Date

X

Date



State Absentee Ballot Request Form

North Carolina

2627 of 2658

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5/8/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Williams</u>	First Name <u>Tonya</u>	Middle Name <u>Rene</u>	Su
Home Address (NC Residential Address.) <u>419 Elizabethtown Rd</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code	City <u>Bladenboro</u>
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	
If "No," indicate the date of your move: <u>1/1/18</u>		Previous Name (If applicable)	
You must provide at least one identification number below. (or see instructions)		Voter Registration No.	Phone (optional)
NC License or ID Number	SSN <u>X</u>		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>303 Pecan Street Apt. 8B</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent			
	<input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law			
	<input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED
APR 12 2018
REC'D BY
BLADEN CO. BO. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4-9-18
Date

X
Signature

Date



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

2628 of 2658

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Collins</u>	First Name <u>Jack</u>	Middle Name <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>200 Village St Apt. 10 D</u>		Mailing Address (if different than home address.) <u>[REDACTED]</u>
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
Previous Name (if applicable) <u>[REDACTED]</u>		
If "No," indicate the date of your move: <u>[REDACTED]</u>		
You must provide at least one identification: NC License or ID Number <u>[REDACTED]</u>		Voter Registration No. Optional <u>[REDACTED]</u>
Phone (optional) <u>[REDACTED]</u>		Email (optional) <u>[REDACTED]</u>

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>	City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name <u>[REDACTED]</u>	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>	Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>
Requestor's Email <u>[REDACTED]</u>			

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18
Date

X
Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Elect

Voter Information

Last Name <u>Byrd</u>		First Name <u>James</u>		Middle Name <u>Brandon</u>	
Home Address (NC Residential Address.) <u>214 Edwards Ave</u>				Mailing Address (If different than home address.) <u>Same</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X</u>	Voter Registration No. Optional	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>			City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address			Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email	

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OCT 04 2018

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10/2/18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

SEP 21 2018

Exhibit 4.2.3.1.2

TO: BLADEN COUNTY BOARD OF ELECTIONS 2630 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name PARKER		First Name MARANDA		Middle Name MICHELE	
Home Address (NC Residential Address.) 136 Luther Brisson Rd				Mailing Address (If different than home address.)	
City Bladenboro		State NC	Zip Code 28320	City	State Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				County of Residence Bladen	
If "No," indicate the date of your move:				Previous Name (if applicable)	
You must provide at least one identification number		Registration No.		Phone (optional)	Email (optional)
SSN X X		Optional			

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 136 Luther Brisson Rd				City Bladenboro		State NC	Zip Code 28320
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address				Name of Corporation (If appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Barfield</u>		First Name <u>Linda</u>		Middle Name <u>Kay</u>	
Home Address (NC Residential Address.) <u>175 Armfield St.</u>				Mailing Address (If different than home address.) <u>P.O. Box 281</u>	
City <u>Dublin</u>	State <u>NC</u>	Zip Code <u>28332</u>	City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number		SSN <u>X X</u>	Registration No.		Phone (optional) RECEIVED APR 13 2018

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>P.O. Box 281</u>		City <u>Elizabethtown</u>		TIME REC'D BY BLADEN CO. BO. OF ELECTIONS	
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone		Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

4/11/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
OCT 03 2018

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

15

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hendrix</u>	First Name <u>Derrick</u>	Middle Name	Suffix	Date of Birth [REDACTED]
Home Address (NC Residential Address.) <u>407 Victoria Dr.</u>		Mailing Address (If different than home address.)		
City <u>Bladenboro</u>	State <u>nc</u>	Zip Code <u>28320</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)		
If "No," indicate the date of your move: [REDACTED]				
You must provide at least one identification number (NC ID, Driver's License, etc.) [REDACTED]		Voter Registration No. (Optional)	Phone (optional)	Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>	City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6/16/18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

2633 of 2658

TO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337

PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Hendrix</u>	First Name <u>Derrick</u>	Middle Name	Suffix
Home Address (NC Residential Address.) <u>407 Victoria Dr</u>		Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>			
You must provide at least one identification number: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>		Registration No.	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same As Above</u>		City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Near Relative/Legal Guardian (if applicable)

1/9/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4.2.3.1.2

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS 2634 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BO. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Brown</u>		First Name <u>T. Flamy</u>		Middle Name <u>Hene</u>	
Home Address (NC Residential Address.) <u>2824 NC HWY 20</u>				Mailing Address (if different than home address) [REDACTED]	
City <u>Saint Pauls</u>		State <u>NC</u>	Zip Code <u>28381</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>8/27/18</u>				Previous Name (if applicable)	
You must provide at least one identification NC license or ID Number [REDACTED]				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>			City	State	Zip Code
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

9-7-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina
BLADEN COUNTY

TO: BLADEN COUNTY BOARD OF ELECTIONS
PO BOX 512
ELIZABETHTOWN, NC 28337

(910) 862-6951

(910) 862-7820

elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: PRIMARY ELECTION on 05/08/2018
Election Type (Primary, General, Municipal, Special, etc.) *Election*

Voter Information

Last Name <u>MAYERS</u>		First Name <u>Daniel</u>		Middle Name <u>Kash</u>	
Home Address (NC Residential Address.) <u>191 stephies way</u>			Mailing Address (if different than home address.) <u>191 stephies way</u>		
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>XX</u> SSN <u>XX</u>			Phone (optional) <u>RECEIVED</u> <u>APR 13 2018</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>191 stephies way</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-13-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
 Elizabethtown NC
 28337

Mailing Address

PO Box 512
 Elizabethtown

PHONE: 910-862-6951
 bladen.boe@ncsbe.gov

FAX: 910-862-7820

502

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>Nance</u>		First Name <u>Dustin</u>		Middle Name <u>W</u>	
Home Address (NC Residential Address.) <u>11832 Hwy 242 South</u>				Mailing Address (if different than home address.)	
City <u>Bladeboro</u>	State <u>NC</u>	Zip Code <u>28330</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> <input checked="" type="checkbox"/> X SSN <u>[REDACTED]</u>			Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City <u>[REDACTED]</u>	State <u>NC</u>	Zip Code <u>28330</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference: <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-7-18 X

Date

Date



NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS 1 FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary

on

5/8/18

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Palmer</u>		First Name <u>CORI</u>		Middle Name	
Home Address (NC Residential Address.) <u>664 Red Oak Farm Rd</u>				Mailing Address (if different than home address.)	
City <u>TARHEEL</u>	State <u>NC</u>	Zip Code <u>28392</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification: NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. (Optional)		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature

X

Signature of Near Relative/Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown NC 28337

PHONE: 910-862-6951
elections@bladenco.org

FAX: 910-862-7802

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Calder</u>	First Name <u>Jesse</u>	Middle Name <u>Leroy</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>303 Pecan St. Apt. 5C</u>		Mailing Address (if different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence	Previous Name (if applicable)
If "No," indicate the date of your move:			
You must provide at least one identification number (NC <u>[REDACTED]</u>)		Driver Registration No. (Optional)	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>	City	State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility:			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:			
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address	Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

RECEIVED

2018

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

BY
ELECTIONS

Signature of Near Relative/Legal Guardian (if applicable)

3-24-18
Date

X

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 04 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name Cullipher		First Name Lesley		Middle Name Regina	
Home Address (NC Residential Address.) Harmon St. Lot #4				Mailing Address (If different than home address.)	
City White Lake	State NC	Zip Code 28337	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence Bladen		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> X			Voter Registration No. (Optional)		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 1879 White Lake Dr PMB 7284		City Elizabethtown	State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-28-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

OCT 04 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Berry</u>		First Name <u>Thomas</u>		Middle Name <u>Gerald</u>	
Home Address (NC Residential Address.) <u>303 Pecan St Apt. #3H</u>				Mailing Address (If different than home address.)	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		Previous Name (if applicable)
If "No," indicate the date of your move:			Voter Registration No. Optional		Phone (optional)
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> <u>[Redacted]</u>			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same as above</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother /sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail

☐ Fax

☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-20-18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED
AUG 17 2018
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Murchison</u>		First Name <u>Sagvan</u>		Middle Name <u>S</u>	
Home Address (NC Residential Address.) <u>Elizabeth Collins Pk</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input type="checkbox"/>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother /sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)
☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

7-13-18
Date

X
Date



15

Exhibit 4.2.3.1.2

2642 of 2658

State Absentee Ballot Request Form
North CarolinaTO: Bladen County Board of Elections
PO BOX 512
Elizabethtown NC 28337PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org**FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.**I am requesting an absentee ballot for the: Primary on 5-8-18
Election Type (Primary, General, Municipal, Special, etc.) Election Date**Voter Information**

Last Name <u>Parker</u>	First Name <u>MELISSA</u>	Middle Name <u>ANN</u>	Suffix <u>[REDACTED]</u>
Home Address (NC Residential Address.) <u>2751 Hwy 410</u>		Mailing Address (If different than home address.) <u>[REDACTED]</u>	
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>	City <u>[REDACTED]</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>[REDACTED]</u>	
If "No," indicate the date of your move: <u>1-1-1</u>		Previous Name (if applicable) <u>[REDACTED]</u>	
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		Registration No. <u>[REDACTED]</u>	Phone (optional) <u>[REDACTED]</u>
		Email (optional) <u>[REDACTED]</u>	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>SAME AS ABOVE</u>		City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>
If voter is registered as Unaffiliated and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: <u>[REDACTED]</u>				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name <u>[REDACTED]</u>		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address <u>[REDACTED]</u>		Name of Corporation (if appointed legal guardian) <u>[REDACTED]</u>		
City <u>[REDACTED]</u>	State <u>[REDACTED]</u>	Zip Code <u>[REDACTED]</u>	Requestor's Phone <u>[REDACTED]</u>	Requestor's Email <u>[REDACTED]</u>

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) <u>[REDACTED]</u>		Fax Number or Email Address <u>[REDACTED]</u>	

Signature of Near Relative/Legal Guardian (if applicable)

12-29-17 X
Date

Date



State Absentee Ballot Request Form

North Carolina

2643 of 2658
 NC STATE BOARD OF ELECTIONS
 P. O. BOX 27255
 RALEIGH, NC 27611-7255
 PHONE: 1-866-522-4723
 FAX: 919-715-0135
 elections@ncsbe.gov

NC STATE BOARD OF
 ELECTIONS & ETHICS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11/6/18
 Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>Douglas</u>		Middle Name <u>Kent</u>	
Home Address (NC Residential Address.) <u>35 Myrtle Avenue</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X</u>			Voter Registration No. Optional		Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>35 Myrtle Avenue</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name (First) (Middle) (Last) (Suffix)		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 22 2018

TIME REC'D BY
 BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
 (Military/Overseas Voters Only)

☐ Mail ☐ Fax ☐ Email

Fax Number or Email Address

Signature of Near Relative/Guardian (if applicable)

10-16-18
 Date

X

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4-2-3-1-2

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255
PHONE: 1-866-522-4723 FAX: 919-745-6135
elections.sboe@nc.gov

ELECTIONS & ETHICS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11/6/18
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>Lisa</u>		Middle Name <u>Bass</u>	
Home Address (NC Residential Address.) <u>35 Myrtle Avenue</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence <u>Bladen</u>	
If "No," indicate the date of your move: <u>1/1/</u>				Previous Name (if applicable)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number <u>X X</u>				Voter Registration No. Optional	Phone (optional) Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>35 Myrtle Avenue</u>				State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name (First) (Middle) (Last) (Suffix)				<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian	
Requestor's Address				Name of Corporation (if appointed legal guardian)	
City		State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Guardian (if applicable)

0-16-18

X

Date

Date

gov to check your voter registration or absentee voting status.



State Absentee Ballot Request Form

North Carolina

TIME REC'D BY
BLADEN CO. CLERK OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>CLIFTON</u>		First Name <u>Timothy</u>		Middle Name <u>LEON</u>	
Home Address (NC Residential Address.) <u>408 WHITE LAKE DR</u>				Mailing Address (If different than home address.) <u>PO Box 1308</u>	
City <u>WHITE LAKE ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>	City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>BLADEN</u>		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification number: NC License or ID Number <u>[REDACTED]</u> SSN <u>[REDACTED]</u>			Voter Registration No. <u>[REDACTED]</u>		Phone (optional) <u>[REDACTED]</u>
			Email (optional) <u>[REDACTED]</u>		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>PO Box 1308</u>		City <u>ELIZABETHTOWN</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> father-in-law
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

6/28/18 X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.) Election

Voter Information

Last Name <u>NEWKIRK</u>		First Name <u>Leona</u>		Middle Name <u>Marie</u>	
Home Address (NC Residential Address.) <u>409 Lightwood Knot Road</u>				Mailing Address (If different than home address.)	
City <u>Kelly</u>	State <u>N.C.</u>	Zip Code <u>28448</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (If applicable)		
You must provide at least one identification number: NC License or ID Number		SSN	Voter Registration No. Optional		Phone (optional)
X X					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

RECEIVED

OCT 15 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

10-13-18

Date

Date



State Absentee Ballot Request Form

North Carolina

Exhibit 4-2.9-1.2

2647 of 2658

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

General

on

11/6/18

Election Type (Primary, General, Municipal, Special, etc.)

Election Date

Voter Information

Last Name <u>Smith</u>		First Name <u>Adrian</u>		Middle Name <u>Gray</u>	
Home Address (NC Residential Address.) <u>28 Myrtle Avenue</u>				Mailing Address (if different than home address.) [REDACTED]	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City [REDACTED]	
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/1</u>		Voter Registration No. Optional		Phone (optional)	
You must provide at least one identification number below. (or see instructions) NC License or ID Number SSN <u>X X</u>		Email (optional)		[REDACTED]	

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>28 Myrtle Avenue</u>		State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan			
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," what is the name and address of the hospital or facility: [REDACTED]			
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter: Requestor's Name (First) (Middle) (Last) (Suffix) [REDACTED] <input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address [REDACTED]		Name of Corporation (if appointed legal guardian) [REDACTED]	
City [REDACTED]		State [REDACTED]	Zip Code [REDACTED]
Requestor's Phone [REDACTED]		Requestor's Email [REDACTED]	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address [REDACTED]	

Signature of Voter (voter only) [REDACTED]	Signature of Near Relative/Guardian (if applicable) <u>10/16/18 X</u>
Date [REDACTED]	Date [REDACTED]

gov to check your voter registration or absentee voting status.

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS

P. O. BOX 27255

RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723

FAX: 919-715-0135

elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

Primary
Election Type (Primary, General, Municipal, Special, etc.)

on 11-6-2018
Election Date

Voter Information

Last Name SURLES		First Name LARRY		Middle Name MARTIN		Suffix [REDACTED]	
Home Address (NC Residential Address.) 605 GLENWOOD DR.				Mailing Address (If different than home address.) [REDACTED]			
City ELIZABETHTOWN		State NC	Zip Code 28337	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable) RECEIVED	
If "No," indicate the date of your move: [REDACTED]				Voter Registration No. [REDACTED]		Phone (optional) [REDACTED]	
You must provide at least one identification: [REDACTED]				TIME [REDACTED]		REC'D BY [REDACTED]	
				BLADEN CO. BD. OF ELECTIONS			

Absentee Mailing Address (Where should the ballot be mailed?) 605 Glenwood Drive		City Elizabethtown		State NC	Zip Code 28337
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility: [REDACTED]					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name [REDACTED]		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address [REDACTED]		Name of Corporation (if appointed legal guardian) [REDACTED]			
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]		Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]		Fax Number or Email Address [REDACTED]	

Signature [REDACTED]	Signature of Near Relative/Guardian (if applicable) X
Date 10-26-18	Date [REDACTED]

E.gov to check your voter registration or absentee voting status.

SEE FOR ADDITIONAL INFORMATION



Exhibit 4.2.3.1.2

State Absentee Ballot Request Form
North CarolinaRECEIVED
OCT 04 2018TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS 2649 of 2658

Physical Address
301 S Cypress St
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Brown</u>	First Name <u>Jack</u>	Middle Name <u>E</u>
Home Address (NC Residential Address.) <u>303 Pecan St Apt 8B</u>		Mailing Address (If different than home address)
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
Previous Name (if applicable)		
Voter Registration No. Optional		Phone (optional) Email (optional)

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-29-18 X
Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

P.40

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Black</u>		First Name <u>Ronnie</u>		Middle Name <u>L</u>	
Home Address (NC Residential Address.) <u>21 Holland Ave Lot 4</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>		State <u>NC</u>	Zip Code <u>28337</u>	City	State Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence Previous Name (if applicable)	
If "No," indicate the date of your move:					
You must provide at least one identification NC License or ID Number		SSN	Voter Registration No. Optional		
<u>X</u>			Phone (optional) Email (optional)		

RECEIVED

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	TIME REC'D BY BLADEN CO. BD. OF ELECTIONS	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (If appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email	

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only) ☐ Mail ☐ Fax ☐ Email
Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date

9/4/18



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 04 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>Gordon</u>	First Name <u>Revonda</u>	Middle Name <u>LYNN</u>
Home Address (NC Residential Address.) <u>107 West Poplar St</u>		Mailing Address (If different than home address.) <u>107 West Poplar St</u>
City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		County of Residence <u>Bladen</u>
If "No," indicate the date of your move: <u>[Redacted]</u>		Previous Name (if applicable)
You must provide at least one identification number NC License or ID Number <u>[Redacted]</u> SSN <u>[Redacted]</u>		Voter Registration No. (Optional)
		Phone (optional)
		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>107 West Poplar St</u>		City <u>Bladenboro</u>	State <u>NC</u>	Zip Code <u>28320</u>
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address	Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) <u>[Redacted]</u>	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-19-18
Date

X

Date

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

State Absentee Ballot Request Form
North Carolina

RECEIVED

AUG 22 2018

TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name <u>McConnell</u>		First Name <u>Carl</u>		Middle Name <u>E</u>	
Home Address (NC Residential Address.) <u>37 Pearce Pl</u>				Mailing Address (If different than home address.)	
City <u>Whitlake</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification: NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			Voter Registration No. Optional		
			Phone (optional)		
			Email (optional)		

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>Same</u>		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8-14-18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>Ward</u>		First Name <u>Whitley</u>		Middle Name <u>J N</u>	
Home Address (NC Residential Address.) <u>2107 15th Ave</u>				Mailing Address (If different than home address.)	
City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		Previous Name (if applicable)
If "No," indicate the date of your move:					
You must provide at least one identification number: NC License or ID Number		SSN		Voter Registration No. Optional	Phone (optional)
					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) <u>2107 15th Ave</u>		City <u>Elizabethtown</u>	State <u>NC</u>	Zip Code <u>28337</u>
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address		Name of Corporation (If appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
- ☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:

(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

08/23/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

RECEIVED

NOV 22 2018

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address

301 S Cypress St
Elizabethtown NC
28337

Mailing Address

PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

40

TIME _____ REC'D BY _____
BLADEN CO. BD. OF ELECTIONS

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER

Election Type (Primary, General, Municipal, Special, etc.)

Election

Voter Information

Last Name <u>RHEW</u>		First Name <u>Patricia</u>		Middle Name <u>E</u>	
Home Address (NC Residential Address.) <u>44 Womack way</u>				Mailing Address (If different than home address.)	
City <u>White lake</u>	State <u>NC</u>	Zip Code <u>28337</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence		
If "No," indicate the date of your move:			Previous Name (if applicable)		
You must provide at least one identification NC License or ID Number <input checked="" type="checkbox"/> SSN <input checked="" type="checkbox"/>			Voter Registration No. Optional		
			Phone (optional)		Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)		City	State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference.				
<input type="checkbox"/> Democratic		<input type="checkbox"/> Republican		<input type="checkbox"/> Non-partisan
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility:				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name	<input type="checkbox"/> spouse	<input type="checkbox"/> brother/sister	<input type="checkbox"/> parent	<input type="checkbox"/> grandparent
	<input type="checkbox"/> child	<input type="checkbox"/> grandchild	<input type="checkbox"/> stepchild	<input type="checkbox"/> mother-in-law
	<input type="checkbox"/> son-in-law	<input type="checkbox"/> daughter-in-law	<input type="checkbox"/> legal guardian	<input type="checkbox"/> stepparent
Requestor's Address		Name of Corporation (if appointed legal guardian)		
City	State	Zip Code	Requestor's Phone	Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:	
<input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent.	
<input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.)	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email
	Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

8/8/18

X

Date

Date



State Absentee Ballot Request Form

North Carolina

TO: BLADEN COUNTY BOARD OF ELECTIONS

Physical Address
301 S Cypress St
Elizabethtown NC
28337

Mailing Address
PO Box 512
Elizabethtown

PHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the:

GENERAL ELECTION

on

NOVEMBER 6, 2018

Election Type (Primary, General, Municipal, Special, etc.)

Voter Information

Last Name

CRAVEN

First Name

LISA

Middle Name

Bennett

Home Address (NC Residential Address.)

Lot 14 LEE ST

Mailing Address (If different than home address.)

City

White Lake

State

NC

Zip Code

28337

City

State

NC

Zip Code

28337

Have you lived at this address for more than 30 days? ☒ Yes ☐ No

County of Residence

Previous Name (if applicable)

If "No," indicate the date of your move:

You must provide at least one identification

NC License or ID Number

Voter Registration No.
Optional

Phone (optional)

Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)

POB 7272

City

Wh. Lake

State

NC

Zip Code

28337

If voter is registered as *Unaffiliated* and requesting a ballot for a partisan primary, choose a primary ballot preference.☐ Democratic☐ Republican☐ Libertarian☐ Non-partisanIf voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. ☐ Yes ☐ No

If "Yes," what is the name and address of the hospital or facility:

If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:

Requestor's Name

☐ spouse ☐ brother/sister ☐ parent ☐ grandparent ☐ stepparent
☐ child ☐ grandchild ☐ stepchild ☐ mother-in-law ☐ father-in-law
☐ son-in-law ☐ daughter-in-law ☐ legal guardian

Requestor's Address

Name of Corporation (if appointed legal guardian)

City

State

Zip Code

Requestor's Phone

Requestor's Email

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter:

- ☐ Member of the Uniformed Services or Merchant Marine on active duty and currently absent from county of residence or an eligible spouse/dependent.
☐ U.S. citizen residing outside the U.S. temporarily or indefinitely

Current Address (Address where you are currently stationed or living overseas.)

Transmit my ballot by:
(Military/Overseas Voters Only)

☐ Mail☐ Fax☐ Email

Fax Number or Email Address

Signature of Near Relative/Legal Guardian (if applicable)

X

Date

Date



State Absentee Ballot Request Form

North Carolina

Bladen County Board of Elections
P. O. BOX 512
Elizabethtown, NC 28337
PHONE: 910-862-6951 FAX: 910-862-7820
elections@bladenco.org

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 11-6-2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>Pierce</u>		First Name <u>Billy</u>		Middle Name <u>A</u>			
Home Address (NC Residential Address.) <u>620 McLeod St Apt. 17B</u>				Mailing Address (If different than home address.)			
City <u>ELIZABETHTOWN</u>		State <u>NC</u>	Zip Code <u>28337</u>	City		State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				County of Residence		Previous Name (if applicable)	
If "No," indicate the date of your move: <u>1/1/</u>							
You must provide at least one identification number NC License or ID Number		SSN <u>XXX</u>	Registration No.		Phone (optional) <u>910-633-3010</u>	Email (optional)	

Absentee Mailing Address (Where should the ballot be mailed?)				City		State	Zip Code
If voter is registered as <u>Unaffiliated</u> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan							
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," what is the name and address of the hospital or facility:							
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:							
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian					
Requestor's Address				Name of Corporation (if appointed legal guardian)			
City		State	Zip Code	Requestor's Phone		Requestor's Email	

RECEIVED
OCT 10
TIME REC'D BY
BLADEN CO. BD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Relative/Near Guardian (if applicable)

10/9/18 X

Date

Date

gov to check your voter registration or absentee voting status.



North Carolina

Exhibit 4.2.3.1.2

2657 of 2658

Box 512
Elizabethtown NC
28337Mailing Address
PO Box 512
ElizabethtownPHONE: 910-862-6951
bladen.boe@ncsbe.gov

FAX: 910-862-7820

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163 OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: GENERAL ELECTION on NOVEMBER 6, 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name <u>HARRIS</u>		First Name <u>Amalish</u>		Middle Name	
Home Address (NC Residential Address.) <u>901 Dickson rd. apt 11</u>				Mailing Address (If different than home address.)	
City <u>riegelwood</u>	State <u>nc</u>	Zip Code <u>28456</u>	City	State	Zip Code
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence <u>Bladen</u>		
If "No," indicate the date of your move: <u>1/1/</u>			Previous Name (if applicable)		
You must provide at least one identification number below. (or see instructions)			Voter Registration No. Optional		Phone (optional)
NC License or ID Number SSN <u>X X</u>					Email (optional)

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?)				State	Zip Code
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan					
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," what is the name and address of the hospital or facility:					
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:					
Requestor's Name		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian			
Requestor's Address		Name of Corporation (if appointed legal guardian)			
City	State	Zip Code	Requestor's Phone <u>910 290 4031</u>	Requestor's Email	

RECEIVED

OCT 22 2018

TIME REC'D BY:
BLADEN CO. RD. OF ELECTIONS

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence <u>or</u> an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely		Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	
Current Address (Address where you are currently stationed or living overseas.)		Fax Number or Email Address	

Signature of Voter (voter only)

Signature of Near Relative/Legal Guardian (if applicable)

0-17-18
DateX
Date

USE THIS APPLICATION TO VOTE-BY-MAIL



State Absentee Ballot Request Form North Carolina

NC STATE BOARD OF ELECTIONS
P. O. BOX 27255
RALEIGH, NC 27611-7255

PHONE: 1-866-522-4723 FAX: 919-715-0135
elections.sboe@ncsbe.gov

FRAUDULENTLY OR FALSELY COMPLETING THIS FORM IS A CLASS I FELONY UNDER CHAPTER 163A OF THE NC GENERAL STATUTES.

I am requesting an absentee ballot for the: General on 2018
Election Type (Primary, General, Municipal, Special, etc.) Election Date

Voter Information

Last Name PADGETT		First Name WENDY		Middle Name STRICKLAND	Suffix [REDACTED]
Home Address (NC Residential Address) 161 BATTLES DR.				Mailing Address (if different than home address.) [REDACTED]	
City GARLAND	State NC	Zip Code 28441	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Have you lived at this address for more than 30 days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			County of Residence BLADEN		
If "No," indicate the date of your move: [REDACTED]			Previous Name (if applicable) [REDACTED]		
You must provide at least one identification NC License or ID Number [REDACTED]			Registration No. [REDACTED]	Phone (optional) [REDACTED]	Email (optional) [REDACTED]

Absentee Voting Information

Absentee Mailing Address (Where should the ballot be mailed?) 161 BATTLES DR.		City GARLAND	State NC	Zip Code 28441
If voter is registered as <i>Unaffiliated</i> and requesting a ballot for a partisan primary, choose a primary ballot preference. <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Republican <input type="checkbox"/> Libertarian <input type="checkbox"/> Non-partisan				
If voter is a patient in a hospital, clinic, nursing home or rest home, please indicate whether you will need assistance in marking your ballot. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," what is the name and address of the hospital or facility: [REDACTED]				
If requesting an absentee ballot on behalf of a near relative, list your name, address, contact information and relationship to the voter:				
Requestor's Name [REDACTED]		<input type="checkbox"/> spouse <input type="checkbox"/> brother/sister <input type="checkbox"/> parent <input type="checkbox"/> grandparent <input type="checkbox"/> stepparent <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> stepchild <input type="checkbox"/> mother-in-law <input type="checkbox"/> father-in-law <input type="checkbox"/> son-in-law <input type="checkbox"/> daughter-in-law <input type="checkbox"/> legal guardian		
Requestor's Address [REDACTED]		Name of Corporation (if appointed legal guardian) [REDACTED]		
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Requestor's Phone [REDACTED]	Requestor's Email [REDACTED]

For Military/Overseas Citizens Only (may only be signed by the voter; may not be signed by a near relative/guardian)

Select one of the options below to qualify as a military or overseas voter: <input type="checkbox"/> Member of the Uniformed Services or Merchant Marine on active duty and currently <u>absent</u> from county of residence or an eligible spouse/dependent. <input type="checkbox"/> U.S. citizen residing outside the U.S. temporarily or indefinitely	
Current Address (Address where you are currently stationed or living overseas.) [REDACTED]	Transmit my ballot by: (Military/Overseas Voters Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email Fax Number or Email Address [REDACTED]

Signature of Voter [REDACTED]	Signature of Near Relative/Guardian (if applicable) [REDACTED]
Date [REDACTED]	Date [REDACTED]

Visit www.ncsbe.gov to check your voter registration or absentee voting status.

V2013.11

SEE REVERSE FOR ADDITIONAL INFORMATION